

An Ounce of Prevention, A Pound of Cure

**Caring for Children, Preventing Teenage and Unintended Pregnancy,
and Addressing Other Child and Family Issues**

Report to the Governor
and the 55th Legislature

by the
**Joint Oversight Committee on Children and Families
1995-1996**

January 1997

Prepared by
Sheri S. Heffelfinger,
Legislative Research Analyst,
Office of Research and Policy Analysis

Published by
Montana Legislative Services Division

State Capitol, Room 138
Helena, Montana 59620-1706
Phone: (406) 444-3064
Fax: (406) 444-3036

JOINT OVERSIGHT COMMITTEE ON CHILDREN AND FAMILIES
1995-1996

Membership

Sen. Vivian Brooke (D-Missoula), Chair	Rep. Liz Smith (R-Deer Lodge), Vice Chair
Sen. Jim Burnett (R-Luther)	Rep. Beverly Barnhart (D-Bozeman)
Sen. Dorothy Eck (D-Bozeman)	Rep. Vicki Cocchiarella (D-Missoula)
Sen. Don Hargrove (R-Bozeman)	Rep. Loren Soft (R-Billings)

Staff

Sheri S. Heffelfinger, Research Analyst
Doug Sternberg, Legal Researcher
Lois O'Connor, Secretary

Montana Legislative Services Division

Robert B. Person, Executive Director
Gregory J. Petesch, Legal Services Director
David D. Bohyer, Office of Research and Policy Analysis Director

TABLE OF CONTENTS

OVERVIEW OF ACTIVITIES	1
Study priorities	1
Oversight priorities	1
Organization of report	1
SUMMARY OF RECOMMENDATIONS	3
Child care	3
Teenage pregnancy prevention	4
Adolescent substance abuse prevention	5
Interagency coordinating council activities	6
Program evaluation	6
Future activities of the committee	6
PART 1: EMPLOYER SUPPORT FOR CHILD CARE	9
Objective and recommendation	9
Issue summary	9
Key findings	11
Committee discussion and options	17
Final action	17
PART 2: QUALITY CHILD CARE AND TRAINING	19
Objective and recommendation	19
Issue summary	19
Key findings	20
Committee discussion and options	21
Final action	21
PART 3: ENFORCEMENT OF CHILD CARE LAWS	23
Objective and recommendation	23

Issue summary	23
Key findings	23
Committee discussion and options	24
Final action	24

PART 4: CHILD CARE IMPROVEMENT ACCOUNT AND GRANT

PROGRAM 25

Objective and recommendation	25
Issue summary	25
Child care funding under welfare reform	25
Mandatory funds	27
Matching funds	27
Discretionary funds	28
All matching, mandatory, and discretionary funds	28
Funding and policy questions	29
Key findings	30
Committee discussion and options	31
Final action	32

PART 5: PLANNING CONFERENCE ON TEENAGE AND

UNINTENDED PREGNANCY 35

Objective and recommendation	35
Issue summary	35
Key findings	36
Committee discussion and options	36
Final action	39

PART 6: INFORMATION CAMPAIGN TO REDUCE TEENAGE

PREGNANCY 41

Objective and recommendation	41
Issue summary	41
Key findings	41
Teenage pregnancy panel discussion	43

Media campaign reviewed	47
Final action	48
PART 7: ADOLESCENT SUBSTANCE ABUSE PREVENTION	49
Objective and recommendation	49
Issue summary	49
Key findings	50
ICC pilot project	55
Committee discussion and options	56
Final action	56
PART 8: INTERAGENCY COORDINATING COUNCIL FOR STATE PREVENTION	59
Objective and recommendation	59
Origin and purpose of the ICC	59
ICC membership	60
Benchmarking	61
Unified prevention budget	62
Final action	62
PART 9: PROGRAM EVALUATION	65
Objective and recommendation	65
Issue summary	65
Key findings	65
Committee discussion and action	67
PART 10: EVALUATION CAPACITY	69
Objective and recommendation	69
Issue summary	69
Key findings	69
Discussion and final action	73

PART 11: FUTURE COMMITTEE ACTIVITIES	75
Objective and recommendations	75
Future study	75
Committee self-evaluation	75
 PART 12: CHILD CUSTODY AND VISITATION	 77
Issue summary	77
Committee activities	77
Montana State Bar Association activities	77
Summary of bill draft LC 36	78
 CONCLUSION	 81
 ENDNOTES	 83
 APPENDIX A: COMMITTEE BILLS	 87
 APPENDIX B: COMMITTEE LETTERS	 89
 APPENDIX C: MEETING HISTORY	 121

OVERVIEW OF ACTIVITIES

Study priorities

The Joint Oversight Committee on Children and Families (Committee) focused on the following study topics:

- Q child care;
- Q teenage pregnancy prevention; and
- Q adolescent substance abuse prevention.

Oversight priorities

The Committee's oversight priorities included the following issues:

- Q reorganization of state human services into the Department of Public Health and Human Services (DPHHS);
- Q federal and state welfare reform and implementation of Families Achieving Independence in Montana (FAIM);
- Q managed care mental health, referred to as the Mental Health Access Plan (MHAP); and
- Q activities of the Interagency Coordinating Council for State Prevention Programs (ICC).

In addition, the Committee received reports in other oversight areas of interest, including maternal and child health, the Montana Youth Alternatives Program, the Partnership to Strengthen Families Project, permanency planning, foster care, and adoption laws.

Organization of report

This report is organized into parts according to the Committee's final recommendations, covering child care, teenage pregnancy, adolescent substance abuse, the ICC, program evaluation, and future activities of the Committee. Each part presents an objective and its correlating recommendation(s), an issue summary, key findings, Committee discussion and options, and final action. Part 12 discusses child custody and visitation issues, although no committee recommendation was developed in this area.

Appendix A provides copies of the bills that the Committee recommends for legislative approval.

Appendix B provides copies of Committee letters sent to implement some of the recommendations.

Because this report does not include a summary of administrative reorganization, welfare reform, the Mental Health Access Plan, or other significant issues discussed by the Committee, Appendix C provides a list of Committee meeting dates and primary agenda items. Minutes and exhibits from each meeting are available through the Montana Legislative Services Division.

SUMMARY OF RECOMMENDATIONS

The following summarizes the objectives and 13 final recommendations of the Joint Oversight Committee on Children and Families (Committee) for the 1995-1996 interim. Six of the 13 recommendations propose specific legislation.

CHILD CARE

Objective #1: *Improve the availability and affordability of child care.*

Recommendation #1: Montana's Departments of Revenue, Labor and Industry, and Commerce should emphasize and more widely disseminate information to employers about the Dependent Care Assistance Credit (DCAC).

Objective #2: *Improve the quality of early childhood programs.*

Recommendation #2: Through administrative rule, the Department of Public Health and Human Services (DPHHS) should require that registered group and family day care home providers receive the same minimum of 8 hours of department-approved training annually as is required of day-care center providers.

Objective #3: *Support enforcing minimum child-care standards.*

Recommendation #3: The Legislature should enact the Committee's bill, House Bill No. 159, so that the DPHHS can file for the enforcement of child-care statutes in a Justice of the Peace or Municipal Court as well as in District Court.

Objective #4: *Provide legislative policy guidance on the use of federal child care funds and other funds.*

Recommendation #4: The Legislature should enact the Committee's

bill, House Bill No. 66, provides for a child-care improvement account and grant program. The bill does not appropriate funds into the grant account. Money in the account may include funds specifically appropriated by the State Legislature from the federal child-care grant fund's mandatory 4% child care improvement set aside. Additionally, the Legislature may appropriate general fund or special revenue funds to the account. Private gifts, grants, or donations may also be made to the account. The legislation articulates that, in awarding child-care improvement grants, priority must be given to grants for professional training and for the startup of school-age care programs. "School-age care" and "professional training" are defined in the legislation. Finally, the DPHHS is directed to adopt rules to administer the grant program.

TEENAGE PREGNANCY PREVENTION

Objective #5: Develop state and community plans to reduce teenage and unintended pregnancies.

Recommendation #5: The Governor should convene a 1997 statewide conference on teenage and unintended pregnancy. The conference should support a statewide dialogue on how best to prevent teenage pregnancy and unintended pregnancy and to initiate a community planning process. Conference participants should represent all interests and perspectives. Selected members of the Committee will, if requested, work on the steering committee to organize the conference. The Committee sent a letter to the Governor formally requesting that this conference be convened. (See Appendix B for a copy of the letter.)

Objective #6: Support and provide policy guidance on media campaigns aimed at preventing teenage pregnancies.

Recommendation #6: The family planning media campaign aimed at reducing teenage pregnancies should be supported, but should make

the following adjustments: (1) include more messages targeting teenaged males as well as adult males, (2) include more messages that do not assume that a youth is sexually active but that recognize that a youth may be undecided, and (3) include more messages that reinforce abstinence.

ADOLESCENT SUBSTANCE ABUSE PREVENTION

Objective #7: *Reduce alcohol and drug abuse among Montana's children and youth.*

Recommendation #7a: The Committee should continue its oversight of the ICC's pilot project supporting a community-based primary prevention demonstration project. The pilot project provides grant funding for a comprehensive system of preventive services to children and their families who are at risk for family violence, juvenile delinquency, substance abuse, behavioral disorders, and school failure. Substance abuse is an integral part of this project.

Recommendation #7b: The Legislature should adopt Committee bill Senate Bill No. 8 to include ephedrine in the Schedule IV list of dangerous drugs. This will limit sale of single-entity ephedrine products to be by prescription only. Ephedrine is an over-the-counter stimulant drug sold in many convenience stores as a bronchodilator in the treatment of asthma. However, the drug has a history of abuse and growing usage among young people. Also, ephedrine is the primary ingredient in the illicit manufacture of methamphetamine (a Schedule II prescription drug) and methcathinone (an illegal and highly addictive drug).

INTERAGENCY COORDINATING COUNCIL ACTIVITIES

Objective #8: *Support the Interagency Coordinating Council for State Prevention Programs (ICC).*

Recommendation #8: The Legislature should adopt the Committee's bill, Senate Bill No. 92, which adds the director of the Department of Corrections to the ICC's membership and which specifies that the ICC has the authority and responsibility to: (a) develop, maintain, and implement benchmarks for state prevention programs, and (b) develop and present a unified state prevention budget.

PROGRAM EVALUATION

Objective #9: *Evaluate program outcomes and support the most effective programs.*

Recommendation #9: The Legislature should adopt the Committee's bill, Senate Bill No. 93, which establishes guiding principles on program evaluation for child and family services programs and requires that certain fiscal notes identify evaluation costs.

Objective #10: *To maintain a capacity to collect information that helps measure the well-being of Montana's children and families.*

Recommendation #10: In the spirit of public/private partnership, state agencies who use the *Montana Kids Count Data Book* should help fund a portion of the \$150,000 annual cost of developing the book.

FUTURE ACTIVITIES OF THE COMMITTEE

Objective #11: *To identify future study needs and to assess Committee performance.*

Recommendation #11a: During the 1997-98 interim, the Committee should study issues related to aging in Montana. The study should include findings and recommendations about what services are available to seniors, how services are delivered, unmet needs, and related family issues.

Recommendation #11b: As a permanent oversight committee requiring a specific legislative appropriation, the Committee should evaluate its performance and use of the money appropriated for Committee activities. The Legislature should adopt Senate Bill No. 94 which adds a performance evaluation to the statutory list of the Committee's duties and responsibilities.

PART 1:

EMPLOYER SUPPORT FOR CHILD CARE

The Committee conducted a thorough study and analysis of Montana's child care system. Some of the study's findings are summarized in this part.*

Figure 1 charts the organization of state child care programs, child care providers, the Families Achieving Independence in Montana (FAIM) programs, and public child care funding. Although prepared before to the August 1996 approval of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (hereafter referred to as the Personal Responsibility Act), the chart may serve as a valuable tool in framing the complexity of Montana's child care systems.

Objective and recommendation

Objective #1: To improve the availability and affordability of child care.

Recommendation #1: The Departments of Revenue, Labor and Industry, and Commerce should emphasize and more widely disseminate information to employers about the Dependent Care Assistance Credit (DCAC).

Issue summary

The United States, including Montana, has experienced a profound family restructuring. The "traditional" two-parent family with the father working and the mother at home with the children now constitutes only 25% of all

* More information is available in a staff report entitled Analysis of Montana's Child Care System, which is available through the Legislative Services Division and the Legislative Council Library.

families with children.¹ In Montana, more than 60% of all children under 6 years old need some type of child care because their parents work.² This restructuring has placed new stresses on families and has challenged government, schools, churches, and businesses to cope with the realities of child care outside the home. Among the most critical challenges is making more child care openings

available for working parents and making child care affordable for low-income working parents.

Key findings

<u>Findings</u>	
L	critical shortage of regulated child care openings
L	costs place families under significant financial stress
L	caps on public child care assistance will require careful budgeting
L	employers gain by providing child care benefits

Shortage of regulated openings:

Montana faces a critical shortage of licensed or registered child care openings. Of Montana's 70,000 children under 6 years of age, an estimated 35,000 to 40,000 children need full-time child care because their parents work.³ Welfare reform is expected to substantially increase the demand for child care. However, there are only about 25,000 licensed day care centers or registered group and family day care openings available statewide.⁴ (See Figure 2, which shows the number of openings available by type of child care provider.)

Cost is significant: Child care costs place a significant financial strain on all families with young children. A full-time child care opening costs about \$15 a day for one child*, which means that child care costs about \$300 per month per child or \$3,600 per year per child. Recent studies show that child care is a family's fourth largest expense after food, shelter, and taxes.⁵

Child care costs place an even greater financial strain on low-income families. In 1989, for a family of four, the federal poverty level was

* A 1994 market survey conducted by the Montana Early Childhood Project at Montana State University determined that 75% of the daily rate for one toddler in a day care center was \$14 and \$12.75 in a group home or family home.

\$12,674 annually.* Figure 3 shows Montana households by type, the number of children under 6 years of age within these households, and the percentage and

number of these children in families with incomes under the 1989 federal poverty level.

As shown in Figure 3, 69% of Montana's children under 6 years of age live in single mother households where income is below poverty level. The mean annual income of a working single mother in Montana was \$12,634 in 1990. One child in full-time child care consumed 30% of that mother's income.

FIGURE 2: PROVIDERS AND OPENINGS

(As of November 1995)

Type of provider	Number of providers	Openings
Centers (13 or more children)	251	9,053
Group Homes (7 to 12 children)	605	6,790
Family Homes (3 to 6 children)	1,430	7,567
Legally unregistered ^a (2 children)	<u>1,023^{**}</u>	<u>2,046^{***}</u>
TOTAL	3,309	25,456

Source: Child Care Services, Child and Family Services Division, Montana Department of Public Health and Human Services

a - "Legally unregistered" means a day care provider who does not have to be registered under the Montana Child Care Act but is considered "legal" for the purposes of receiving state reimbursement under state public assistance laws.

FIGURE 3: MONTANA HOUSEHOLDS

* The 1989 federal poverty level was the latest available data that could be used to correlate to the 1990 census data.

** As of March 1, 1995.

*** Assuming 2 children per home. Other confirmed data not available.

Family type	Number of children under 6 years old	Percent of the children under 6 years old where family income is below federal poverty level
Married couple	56,835	15% (8,675)
Single male head of the household	2,404	41% (991)
Single female head of the household	10,462	69% (7,229)

Source: U.S. Bureau of the Census, processed by the Census & Economic Information Center of the Montana Department of Commerce. Taken from 1990 census data report, Profile 126, Poverty status in 1989 by family type and age of children.

Child care entitlements eliminated: The Personal Responsibility Act eliminates the entitlements for child care and places a cap on the public assistance money that will be made available for child care assistance. This will significantly affect Montana's FAIM welfare-to-work initiative because it will cap the money available to support the Job Supplement Program, which is described below.

Also, if FAIM is to be successful overall, the state's total welfare caseload must be reduced. To keep low-income parents at work and off of public assistance, adequate child care support is critical.

The FAIM initiative involves three programs: the Job Supplement Program (JSP), Pathways, and the Community Service Program (CSP).

Job Supplement child care: The JSP provides non-cash assistance, including child care, to income-eligible parents who are diverted from public welfare rolls and enter the workforce. Under the JSP, child care payment assistance is limited to up to \$200 per child per month.* Currently, the child care

FAIM Programs

- L Job Supplement Program (JSP)
- L Pathways
- L Community Service Program (CSP)

* For a more detailed discussion and breakout of the child care assistance programs, see Sheri Heffelfinger, Analysis of Montana's Child Care System, Montana Legislative Services

budget supporting the JSP is managed from the state level. Each county is allocated a certain amount to pay for JSP child care needs. Allocations are based on each county's previous AFDC population and historical needs for child care assistance.

During the Committee's examination, local concerns surfaced about the adequacy of the state's allocations to counties to meet county child care needs under the JSP. If more former welfare recipients select the JSP program the projected and require more child care assistance than projected, funding to support child care will not be adequate to keep enough parents working and to reduce the welfare caseload. Success is a balancing act between providing a parent with enough child care money to keep the parent working while on the other hand spreading out available money so that enough parents are able to eventually get off of welfare entirely.

Another concern raised was that JSP recipients are not required to use their child care assistance on licensed or registered day care. Recipients may chose any type of child care setting as long as the money is spent on child care. Because \$200 per month per child is not enough to pay for regulated child care and because many JSP participants will probably receive less than \$200 per month per child, the concern is that children of JSP recipients will be placed in substandard child care situations or in illegally operating day care centers or home, which may place the childrens' health and safety at risk.*

Pathways child care: Child care assistance is also provided under FAIM's

Division, prepared for the Joint Oversight Committee on Children and Families, May 1996.

* Defining "substandard" is somewhat of a subjective exercise. However, it should be noted that people providing day care for three or more children on a regular basis, are not drop-in centers or preschools, but have not become licensed or registered under Montana's Child Care Act are operating illegally. Licensing and registration allows implementation and enforcement of minimum health and safety standards through annual or random state inspections. Also, licensed and registered child care providers receive support from local Resource and Referral agencies and DPHHS staff. Clearly, however, "quality" cannot be guaranteed through these measures.

Pathways program. Pathways is a cash and non-cash welfare assistance program limited to 24 months for unmarried recipients and 18 months for couples. In exchange for a benefit check, a Pathways participant signs a Family Investment Agreement (FIA) that sets out a plan for job training or education so that the participant can find a job and eventually achieve independence from public assistance. The child care needs of a Pathways participant are negotiated between the participant and the FAIM coordinator. Child care funds to support Pathways are allocated to each county and managed at the county level according to FAIM community operating plans adopted in each county and approved by the DPHHS.

The community operating plan identifies which activities qualify for child care support and the dollar amount of the child care assistance that will be provided. The Committee encountered concerns from welfare recipients and those eligible for welfare assistance that there is inadequate support being provided for post-secondary education. The DPHHS has emphasized that FAIM is designed to support shorter-term training programs and to move public assistance recipients from welfare to work in the quickest way possible. Thus, FIAs are not designed to support four-year bachelor degree programs.⁶

Benefits to Employers for Supporting Child Care

- L Dependent Care Assistance (tax) Credit (DCAC)
- L Federal and state tax deductions
- L Lower employee turnover rates
- L More productive employees
- L Positive public relations

Community Service child care: If Pathways recipients fail to find a job or move into the JSP program within the Pathways time limits, they may move into the CSP "safety net". In CSP, participants also sign an FIA in exchange for a cash benefit that is substantially reduced from the Pathways benefit. Each community develops its own operating plan for the CSP and identifies how much money to spend on child care.

Employer support essential: In

assessing the child care needs of all Montana families, child care costs, and the shortage of regulated child care openings, Committee members concluded that employer-sponsored child care benefits are an essential support to working parents. Some Committee members contended that public dollars being spent on child care so that parents can work are actually a "subsidy" to employers who pay low wages. The Committee considered how to promote more employer support for child care benefits for their employees.

Current tax incentives: In reviewing current law, the Committee found that Montana employers may claim either a tax credit or a tax deduction for employer-provided child care benefits.

Under section 15-30-111, MCA, the value of employer-supported child care, not to exceed the lesser of the employee's earned income or \$5,000, may be

excluded from an employee's gross income and, thus, result in a payroll tax "break" for the employer.

Under section 15-31-131, MCA, the Dependent Care Assistance Credit (DCAC), employers may receive a tax credit of 20% of the child care expenses incurred for each employee. The credit is capped at \$1,250 per employee annually. For the 1994-95 tax year, only 2 individual tax returns claimed the DCAC for a total of \$548 and 3 corporations claimed the DCAC for a total of \$2,688.⁷

Non-tax benefits to employers: In addition to the tax deduction and the DCAC, there are non-tax benefits for employers. Non-tax benefits include more productive employees, less turnover, and positive public relations. In an effort to quantify these benefits, the Committee researched the experience of Patagonia in Bozeman.

During its five years in Bozeman, Patagonia Mail Order, Inc., offered employees a number of child care options, including a family-care referral

network, flex-time, job share, paid child-care leave, a hot line for parents with child-care questions or problems, subsidies for low-income employees (from 10% to 50% of their child-care costs), dependent care assistance programs, and elder-care resources.* Patagonia offered family supports as part of the Family Services Program under Lost Arrow Corporation. A Lost Arrow Corporation publication cites five quantifiable advantages to its Family Services Program, including a savings of \$50,000 per employee for preventing turnover among women employees because child care support programs brought mothers back to work after only 8 to 12 weeks of maternity leave. The corporation also cited savings from state tax credits and the federal tax deduction.⁸

After reviewing the tax and non-tax benefits to employers for employer child care assistance programs, the Committee explored how information about these benefits is disseminated to Montana employers.

Dissemination of information to employers: Three state agencies regularly disseminate information to employers: the Departments of Revenue, Labor and Industry, and Commerce.

The Department of Revenue (DOR) produces and distributes tax forms and booklets to individual taxpayers as well as a package of tax forms for professional tax practitioners and preparers. The individual income tax booklet includes a three-line, small-print summary on the dependent care assistance credit (DCAC) for employers. A business wishing to file for the deduction or credit must contact the DOR for the required forms. The DOR also provides a "Package X" to all tax practitioners and preparers. This package includes the DCAC tax form.

The Department of Labor and Industry (DOLI) regularly sends to employers information on Workers' Compensation insurance. Nevertheless, federal restrictions on the use of funds may preclude the dissemination of child care information in conjunction with Workers' Compensation information.

* Patagonia recently closed its offices in Bozeman and so no longer operates in Montana.

However, the DOLI also sends out information to new employers.

The Department of Commerce (DOC) sends out a "start-a-business" packet, which includes a checklist of information about what is involved in starting a business. However, this packet does not include information about how employers can benefit from helping employees find reliable and developmentally appropriate child care during working hours.

The IRS, the DOLI, and the DOR regularly conduct business clinics. These clinics, often sponsored by local chambers of commerce, are usually well-attended and offer businesses information about employment and tax laws. These clinics would be ideal venues for the dissemination of child care benefits information.

The Committee also reviewed the State of Colorado's publication on child care benefits for employers.⁹ The Montana Early Childhood Project at Montana State University produced a similar information booklet for employers. That booklet includes specific information on employer support for child care. However, although the booklet has been available for several years, it has not yet been widely distributed.¹⁰

Committee discussion and options

The Committee considered various options to enhance incentives for employers, such as increasing the amount of the tax deduction and credit. However, the Committee agreed that it did not have sufficient information to conclude that the tax credit was too low or that the credit amount was the reason why so few employers took advantage of the DCAC.

Committee members agreed that it was appropriate for the Committee to urge the Executive Branch to more widely disseminate child care information to employers and to highlight child care information in its current publications and during business clinics.

Final action

The Committee voted that letters be sent to the directors of the Departments of Labor and Industry, Commerce, and Revenue, with copies to the Governor and to key interested organizations to urge the active promotion of the benefits to employers of supporting child-care benefits. (See Appendix B.)

A bill draft that would have assigned primary responsibility to the DPHHS for coordinating a child care information campaign was placed in a "HOLD" status so that the bill draft could serve as a reserve option in the event that further legislative action was warranted.

The Committee further agreed that the Committee would meet with interested parties during the second half of the 1997 Session. This meeting would focus on producing and disseminating a family support and child care benefits resource guide for employers.¹¹

PART 2: QUALITY CHILD CARE AND TRAINING

Objective and recommendation

Objective #2: Improve the quality of early childhood programs.

Recommendation #2: Through administrative rule, the Department of Public Health and Human Services (DPHHS) should require that all day care providers receive a minimum of 8 hours of department-approved training annually.

Issue summary

Nearly 60% of Montana's children under 6 years old (about 40,000 children) need full-time day care.¹²

Because age-appropriate early childhood programs are essential to children's healthy development, the quality of care provided for these children was a critical concern for Committee members.

Many studies show that high quality* child care programs produce lasting social and economic benefits. Some studies have stated that about \$3 to \$7 are saved in future costs for each \$1 spent on one year of quality early childhood education.¹³ Looking at the issue from the vantage point of what it costs to not provide quality early childhood programs, the testimony and research presented by child care experts, providers, and others showed that unhealthy early childhood development is the most common root cause behind juvenile delinquency, substance abuse, and

* The terms "quality" and "high quality" are used to refer to programs that provide a loving, nurturing, and safe environment along with developmentally appropriate programs that stimulate a child's healthy physical, mental, and emotional development.

family violence.¹⁴

Therefore, quality early childhood programs are a critical core prevention activity.

Key findings

The Committee found that Montana's regulation of child care providers is minimal. Under current law, day care centers, which care for 13 or more children, must be licensed. Day care group homes, which care for from 7 to 12 children, must be registered. Day care family homes, which care for from 3 to 6 children, must also be registered. Statutory licensing and registration requirements under the Montana Child Care Act (Title 52, chapter 2, part 7, Montana Codes Annotated) focus primarily on basic health and safety standards, not on program content or quality.¹⁵

The Committee reviewed research identifying several key factors relevant to the quality of child care programs. These factors are:

- Q low child/staff ratios,
- Q small groups,
- Q well-trained providers,
- Q well-educated providers, and
- Q low provider turnover.¹⁶

Provider training was shown to be the single most important factor in the quality of child care programs.¹⁷

Assessing the quality of Montana's child care programs, the Committee found that DPHHS administrative rules for licensed and registered providers adequately address child/staff ratios, that child care training and orientation includes instructions on small group activities, and that child care providers in Montana are generally well-educated.¹⁸

However, the Committee also found that Montana requires only minimal

annual training requirements for day care center staff and no annual training for registered home providers. Under DPHHS rules, day care center staff have an annual training requirement of 8 hours. Registered day care group and family homes, which constitute 61% of the regulated day care providers in Montana, have only an initial 8 hours of orientation training and no annual training requirement.¹⁹

Committee discussion and options

The Committee focused its deliberations on how to improve training for child care providers.

While discussing options for increasing provider training requirements, several concerns were raised. Among the concerns were:

- Q** that increasing training requirements would make it harder for providers to become licensed or registered and may actually result in fewer providers deciding to become licensed or registered;
- Q** that training is a cost to providers and increasing training requirements would place additional financial stress on child care providers whose compensation is so low that many child care staff earn less than the federal poverty level; and
- Q** that training programs in early childhood development are not readily accessible in many rural areas.²⁰

The Committee also reviewed the recommendations of the Governor's Child Care Advisory Council (Advisory Council). Among the Advisory Council's recommendations was that the DPHHS should require, through administrative rule, that registered day care family and group homes have the same 8-hour annual training requirement as licensed day care centers. The Advisory Council had discussed the training issues and concerns and

determined that this course of action was the best first step toward improving training and, thus, improving program quality.

Final action

Committee members discussed whether training requirements should be placed in statute rather than in rule. The DPHHS's early childhood services staff indicated their preference for having the flexibility to adjust the number of training hours required rather than having to come to the legislature each time the number of training hours needed to be changed.²¹

The Committee voted unanimously to recommend that the DPHHS require, through administrative rule, that staff of registered group and family day care homes each receive at least 8 hours of DPHHS-approved training annually, as is currently required of day care center staff.²²

PART 3: ENFORCEMENT OF CHILD CARE LAWS

Objective and recommendation

Objective: *To support enforcement of current child care standards.*

Recommendation #3: The Legislature should enact Committee bill LC0089 to expand original jurisdiction for DPHHS enforcement of child care statutes from District Court to also include Justice of the Peace and Municipal Courts.

Issue summary

The Governor's Child Care Advisory Council requested that the Committee support, through a Committee bill, the Advisory Council's recommendation to move jurisdiction for enforcing child care standards from District Court to Municipal and Justices' Courts. Current law provides that the DPHHS may enforce child care laws only through the District Courts.²³

Key findings

The Advisory Council determined that heavy caseloads in District Court have often prevented the timely consideration of child care cases and deterred the DPHHS from seeking to enforce child care laws.

Members of the Advisory Council stated at the Advisory Council's March 7, 1996, planning meeting that enforcement of child care laws has never been a priority for District Attorneys. Some Advisory Council members further argued that the current law needed to be enforced or changed. Members cited concern that many people providing child care do not comply with minimum state health and safety regulations and continue to operate without being legally licensed or registered. This can place a child's

health and safety at risk.²⁴

Committee discussion and options

The Committee did not conduct an independent investigation into this issue. However, the Committee determined that jurisdiction should not be moved from District Court, but should be expanded to include Municipal and Justice of the Peace Courts.

Final action

To facilitate the Advisory Council's recommendation, the Committee voted unanimously for a Committee bill to expand jurisdiction for enforcement of child care laws to include Justice and Municipal Courts as well as District Courts.²⁵ (See HB 159 at Appendix A).

PART 4:
CHILD CARE IMPROVEMENT ACCOUNT AND GRANT PROGRAM

Objective and recommendation

Objective #4: To provide legislative policy guidance on the use of federal child care funds and other funds.

Recommendation #4: The Legislature should enact Committee bill LC0127, amending section 52-2-711, MCA, the current resource and referral grant program, to clearly provide for a child care improvement grant account. The bill does not appropriate funds into the grant account.

Issue summary

As noted in previous sections, the Committee found that quality early childhood programs are essential to each child's healthy development. Child care policy and funding will be key issues for the 55th Legislature given that: (1) at least 60% of Montana children are in some type of child care setting; (2) the cost of problems rooted in unhealthy childhood development is extremely high; and (3) the state legislature is responsible for appropriating child care funds.

Child care funding under welfare reform

Many child care policy issues are interwoven with welfare reform.

Before welfare reform: Before the federal welfare reform legislation, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Personal Responsibility Act), which became effective October 1, 1996, two categories of federal public assistance funds were made available to states and were used to fund a variety of state programs. The two categories of federal funds were:

- Q Title IV-A entitlement funds, which involved 70% federal funds with a 30% state match, which is based on the state's Federal Medical Assistance Percentage (FMAP) rate; and
- Q the Child Care and Development Block Grant (CCDBG) funds, a 100% federally- funded block grant.

Of the 100% federally funded CCDBG, up to 25% was "set-aside" for child care quality improvement (i.e., to help in the startup of new day care facilities and to improve the quality of existing programs.) This 25% set-aside did not have to be spent on direct services.*

In FY 95, Montana's CCDBG totaled \$3.73 million. Twenty-five percent of that amount (about \$770,000) was spent on child care improvements. These improvements included grants for the startup of new child care centers and homes, grants to and contracts with the 12 Montana Child Care Resource and Referral (R&R) agencies, and grants for child care provider training.²⁶

After welfare reform: Under Title VI of the new Personal Responsibility Act, all federal money for child care is rolled into one fund called the Child Care and Development Fund (CCDF). The CCDF is divided into three categories of funds as follows:

- Q **mandatory funds** -- which equates to the federal share of old Title IV-A funds;
- Q **matching funds** -- which involves additional federal funds if a state spends as much or more than the state expended in FY 1995, FY

* The Personal Responsibility Act of 1996 requires that a minimum of 4% of the new Child Care Development Fund be set aside for child care improvements rather than be spent on direct services (i.e. to pay for the child care). This 4% will be of a larger total than under the CCDBG, but will only amount to about half of the dollar amount previously available through the CCDBG's 25% set-aside.

1994, or the average spent between FY 1992 and FY 1994* as the state's share of the old Title IV-A funds; and

Q discretionary funds -- which are allocated to states based on the current CCDBG formula.²⁷

Montana's federal CCDF allocation is expected to total about \$8.7 million in FY 1997, but the state must spend or obligate about \$2.2 million to "draw down" the federal funds. Figure 4 shows the break out of the federal and state mandatory, matching, and discretionary funds.

Mandatory funds

The amount of federal mandatory funds allocated to each state is based on the federal share of the state's Title IV-A child care expenditures in FY 1995, FY 1994, or the average of FY 1992-1994. For Montana, the FY 1997 base allocation of mandatory funds is estimated to total about \$3.19 million. If the dollars have been obligated, states may carry fund balances over into the next fiscal year. Technically, no state match is required to capture these funds.

However, if a state wants to be eligible for additional federal matching funds, the state must spend what its share of the Title VI-A funds would have been. Montana's state share is based on the state's FY 1995 FMAP, which was about 70% federal to 30% state. In effect, therefore, there is a maintenance of effort (MOE) required for Montana to be eligible for federal matching funds under the next category of funds. Montana's MOE share for FY 1997 is estimated to be just over \$1.3 million.

FIGURE 4: CHILD CARE FUNDING

	Mandatory	Matching	Discretionary	TOTAL
--	-----------	----------	---------------	-------

* The time period to be used will be negotiated between the state and the U.S. Department of Health and Human Services.

Federal	\$3,190,691	\$2,371,213	\$3,212,536	\$ 8,774,440
State	\$1,315,298*	\$ 977,485	\$ 0	\$ 2,292,783
TOTAL	\$4,505,989	\$3,348,698	\$3,212,536	\$11,067,223

* This amount is not required to get the mandatory funds, but must be spent in order to get federal matching funds shown in the next category.

Source: U.S. Department of Health and Human Service, Administration on Children and Families, September 5, 1996, spreadsheet of estimated FY 1997 State Allocations for the Child Care and Development Fund.

Matching funds

Each state may also receive federal matching funds for state expenditures above the previously noted MOE level.

In other words, to be eligible for matching funds, the state must have already spent: (1) the state's base allocation of mandatory funds; and (2) the state's MOE amount. State expenditures above the state's allocation may then be matched by federal funds.

Total federal matching funding available in this category and to be divided among the states is about \$7.29 million in FY 1997 and \$8.27 million in FY 1998. Each state's allocation is based on a formula that will take into account the state's proportion of children under 13 years of age. (Specifics on how allocations are determined were not available at the writing of this report.)

The federal matching funds available to Montana for FY 1997 total about \$2.37 million. To receive that amount, Montana must spend its base allocation of the mandatory funds (about \$3.2 million), the state's MOE amount (about \$1.3 million), and the state's 30% FMAP match for these federal matching funds (\$977,485).

Discretionary funds

Title VI of the Personal Responsibility Act also continues the allocation of funds under the current CCDBG formula. This category of funding under the CCDF is called the discretionary funds. Montana's estimated FY 1997 allocation of discretionary funds is slightly less than \$3.21 million.

All matching, mandatory, and discretionary funds

Quality set-aside: Under the new CCDF guidelines, a minimum of 4% of all federal child care funds must be used to improve the availability and quality of Montana's child care programs. (This 4% is compared to the 25% set-aside under the old CCDBG and will provide only about half of the dollar amount provided under the 25% set-aside.)

Direct services minimum: States must spend at least 70% of the total federal and state mandatory and matching funds on direct child care assistance. Thus, at a minimum, about \$4 million in federal funds and \$1.7 million in state funds must be spent on direct child care services. These services need to cover the child care needs of: (1) welfare recipients; (2) those eligible for welfare but being diverted to work; and (3) those at-risk of becoming eligible for welfare programs.

Administration: No more than 5% of the total CCDF may be used for administrative expenses. This cap may raise some concerns because, in the past, some administrative expenses were allowed to be charged against direct services.

Transfers in and out: Up to 30% of a state's allocation under Title I of the Personal Responsibility Act--the Temporary Assistance to Needy Families (TANF) block grant--may be transferred into the CCDF. Up to one-third of the total amount transferred from TANF may be "passed through" to fund services for developmentally disabled children and families.

State child care provider rates: Significantly, states are no longer required

to pay at least 75% of the going market rate for child care. This means that a state may reduce its provider reimbursement rate, which will likely raise serious concerns among parents and child care providers. State program managers will need to develop a state plan to address how provider rates will be set.

State child care plan: A state plan must be submitted to the U.S. Department of Health and Human Services, Administration on Children and Families, by July 1, 1997. State program managers in the early childhood services unit of the DPHHS are working on this plan and anticipate creating an advisory council and conducting hearings for public comment.²⁸

Funding and policy questions

Adequate child care support is essential to the success of FAIM. For FAIM to succeed, it must reduce the overall cost of welfare by reducing the number of welfare recipients. However, more parents moving off of welfare into work programs means more child care costs. If the money available to support these child care needs is not enough, these parents may end up back on welfare, thus increasing the overall cost of FAIM.

Furthermore, if parents are forced into substandard child care situations either because there are not enough child care openings available or because quality child care is unaffordable, Montana will pay the price of children with unhealthy childhood experiences and the costly health and social problems that result.

The Montana legislature will likely debate these issues within the context of the following key child care policy questions:

- (1) whether to spend more than the required minimum of 70% of the total CCDF on direct services for the former AFDC-eligible population and those at-risk of needing public assistance;
- (2) whether to set aside more than 4% of the total CCDF to help start

up new day care facilities, to expand the capacity of existing facilities, to support staff training, and to help improve (or at least maintain) the quality of the care provided;

- (3) whether and to what extent the legislature should articulate priorities on the use of the child care quality set aside and any additional amounts appropriated for child care improvement;
- (4) whether to transfer funds from TANF into the CCDF, how much should be transferred, and how much should be passed through for developmentally disabled programs, which have sustained severe fiscal cuts; and
- (5) what the state child care provider rate should be and how it should be set.

Key findings

Committee study and discussion focused on the 4% quality set-aside to improve child care. Relevant key findings are summarized below.

The amount previously available for child care improvement will be cut in half: To meet the needs of Montana's welfare recipients and at-risk population, it is likely that all available child care funds above the 4%-minimum quality set-aside will be needed to support FAIM child care and at-risk child care. But, 4% of the CCDF will provide only half of what Montana spent in FY 1995 to expand available child care and sustain program quality.

As of September 1996, budget requests from the DPHHS include a request for \$1 million in state general funds to support FAIM participant child care needs. The adequacy and usage of this money should be carefully scrutinized.

Current practice not formalized: Under the previous CCDBG, state

executive agency staff allocated the 25% quality set-aside according to federal guidelines and with the advise of a department-appointed task force. However, there are no guidelines in administrative rule or in Montana statute to govern how this quality set-aside money was to be spent.

Current law (Section 52-2-711, MCA) allows the DPHHS to award grants to R&Rs for quality improvement. Under this statute, the DPHHS provided the original start-up grants to the R&Rs. However, this statute does not provide guidance on how grants were to be awarded after the R&R start-up or on how future grant funds were to be used. Furthermore, the statute sets up a "program" but does not establish an "account" that would require quality set-aside funds to be tracked separately from the total CCDBG fund. The money trail, therefore, is difficult to follow.

No mechanism for legislative policy guidance: Because current practice regarding the use of the CCDBG's 25% quality set aside was not formalized in statute or in administrative rule, the legislature has no mechanism to provide policy guidance on the use of the new CCDF grant and the 4% minimum quality set-aside.

Committee discussion and options

Policy questions: The policy questions discussed by the Committee included the following:

- Q** Should the legislature specify in statute how the CCDF 4% quality set-aside (or other additional money that may be made available) should be spent?
- Q** Should the state directly administer the funds for expanding availability and improving quality, or should local R&Rs administer the program from a local level?
- Q** Should the legislature specify in statute that a task force determine grants or advise the department on the use of the grant money?

Concern about before- and after-school day care: Committee members also expressed particular concern about the lack of before- and after-school programs for school-age children. Although the previous CCDBG 25% quality set-aside provisions made specific mention of school-age programs for children through 12 years old, the new CCDF makes no specific provision to support before- and after-school care for school-age children. Committee members noted that young children, especially teenagers, are at greater risk of delinquency during unsupervised nonschool hours. However, even under the old CCDBG, school-age programs, by definition, included only children through 12 years old, not teenagers.

Specific statutory guidelines: Some Committee members supported enacting specific guidelines in statute on how child care quality improvement money should be spent. This support was based on concern that without specific statutory guidelines, quality improvement needs may not be met. However, committee members were also concerned about infringing on the money currently going to support the R&R network. Concern was also raised about specifying certain percentages in statute when the total to be appropriated for child care improvement remained unknown.

Allocating money to the R&Rs for local administration: The Committee also discussed providing grants to local R&Rs so that they could set up their own grant or loan programs. Thus, the regional R&Rs would get much needed support and could develop programs to best meet local needs. However, concerns were raised about the capability of some lesser-developed R&Rs to administer such programs and the willingness of the legislature to generally appropriate the money without knowing how the money would actually be used.

Articulating general priorities: Committee discussion turned to providing general guidance on the use of child care improvement funds. The Committee agreed that money should continue to be made available to R&Rs and local child care providers through a grant program. The Committee further agreed that priority should be given to the startup of

school-age day care programs and to professional training for child care providers.

Final action

The Committee unanimously agreed to recommend a Committee bill that would generally articulate policy priorities for child care improvement and would begin to formalize what had been an informal process of awarding child care development grants to the local R&Rs and child care providers.²⁹

The Committee's final recommendation is that the Legislature should adopt SB 66. (See Appendix A.) Without SB 66, or some other new legislation, the Legislature will have no means of formally tracking the 4% quality set-aside separately from the total CCDF. Nor will the Legislature have mechanism for setting the state's policy on the expenditure of those funds.

PART 5:
PLANNING CONFERENCE ON TEENAGE AND
UNINTENDED PREGNANCY

Objective and recommendation

Objective #5: Develop and implement state and community plans to reduce teenage and unintended pregnancies.

Recommendation #5: The Governor should convene a 1997 statewide conference on teenage and unintended pregnancy.

The conference should help initiate a community planning process to enable coordinated community initiatives. Conference participants should be representative of all interests and perspectives. Selected members of the Committee will, if requested, work on the steering committee to organize the conference. (Appendix B includes the Committee letter to the Governor formally requesting that this conference be convened.)

Issue summary

Teenage and unintended pregnancies result in significant emotional, economic, and social stresses that affect all Montanans. However, teenage sexual activity and unintended pregnancy issues surface diverse opinions and competing philosophies. Many national experts believe that to effectively address these issues, states must engage in a collaborative and inclusive planning process. An inclusive planning process is one that brings together state and community representatives from all levels and representing all perspectives and philosophies.

Additionally, the Personal Responsibility Act provides that states showing the highest reduction in the rate of out-of-wedlock births without increasing abortion rates will be eligible for a significant amount of federal

funds as a performance bonus.*

Key findings

The Committee reviewed research presented in a report by the Institute of Medicine of the National Academy of Science and presented in a book called *The Best Intentions*. The following are some of the key findings reported in a summary of the book:³⁰

- Q Almost 60% of all pregnancies in the United States are unintended (i.e., either unwanted or mistimed).
- Q Unintended pregnancy is not just a problem for teenagers, unmarried women, poor women, or minorities. The Institute of Medicine's study found that 40% of pregnancies among married women were unintended and about 50% of pregnancies among women 20- to 30-years-old were unintended.
- Q In 1988, 82% of pregnancies among teenagers were unintended.
- Q Unintendedness itself increases the risk that the mother will not get adequate prenatal care, that the fetus will be exposed to harmful substances such as tobacco and alcohol, that the mother will be physically abused, and that the baby will be unhealthy, will die in its first year of life, or will be born with permanent defects. Unintendedness also increases the number of abortions.

Committee discussion and options

* The federal fund that is part of the welfare reform act is called the **Illegitimacy Reduction Bonus Fund**. Although many questions remain to be answered about how these funds will be allocated, a summary analysis indicates that \$20 million will be awarded "annually to each of the five states with the greatest success in reducing out-of-wedlock births without increasing abortions compared to the previous two-year period". (See *Analysis of the Personal Responsibility and Work Opportunity Act of 1996* prepared by the National Governor's Association, the National Conference of State Legislatures, and the American Public Welfare Association, August 9, 1996, p. 5.)

The Committee's activities involved hearing presentations from a panel on teenage pregnancy. The Committee also sent its staff and a Committee member to a regional planning conference. The panel's presentations are summarized under part 6. This part addresses the regional planning conference activities and the Committee's final recommendation that there be a statewide Governor's conference on teenage and unintended pregnancy.

Committee representatives attend regional planning conference: Montana

**Unintended pregnancy
can likely result in:**

- L** fetal exposure to harmful substances;
- L** spouse abuse;
- L** abortion; or
- L** child abuse or neglect.

is within Region VIII of the U.S. Department of Health and Human Services' (DHHS) Office of Family Planning. States within Region VIII include Montana, Colorado, North Dakota, South Dakota, Utah and Wyoming. Teams from each state in the region were invited to Denver to participate in the June 3, 1996, Region VIII Initiative to Reduce Unintended Pregnancy State Planning Conference.*

The conference was sponsored by the U.S. DHHS Office of Family Planning, the Colorado Department of Public Health and Environment, the Colorado Gynecological and Obstetrical Society, and Wyeth-Ayerst Laboratories. Montana participants included: Mr. Bob Anderson, Governor's Budget Office; Ms. Maxine Ferguson, Chief, Family/Child and Maternal Health Bureau, DPHHS; Ms. Suzanne Nybo, Supervisor of the Family Planning Section, DPHHS; Rep. Loren Soft (R-Billings), member of the Committee; and Ms. Sheri Heffelfinger, legislative staff to the Committee.

* A synopsis of the conference and a summary of what the other state teams developed during the conference is available from Sheri Heffelfinger, Montana Legislative Services Division.

Conference participants spent the day with Ms. Sarah Brown, a national expert on unintended pregnancy. Each state team worked on (1) assessing current services and plans to reduce unintended pregnancy; (2) developing ideas to address identified needs; and (3) selecting one or two ideas and working on an implementation plan.

Current initiatives: Among the current services and planning initiatives identified by the Montana team were the following:

- Q a new FY 1997-1999 budget request from DPHHS for \$500,000 for reducing unintended pregnancy in Montana;
- Q presentations on unintended pregnancy to public and school health nurses;
- Q a Region VIII Social Marketing Project in two pilot sites;
- Q state participation in various teenage pregnancy prevention programs;
- Q work on updating the state teen pregnancy trend data;
- Q participation in a benchmarking process initiated by the ICC; and
- Q Title X family planning programs, which involve family planning clinics in 14 locations around the state.

New ideas: The Montana team explored several ideas, which included the following:

- Q educational programs to heighten public awareness about the issues;
- Q annual conferences for communities to come together to inventory and share their successes and to develop community plans;

Q a statewide Governor's conference on unintended pregnancy; and

Q exploration of new grant funding.

Statewide conference, plan and implementation steps: The Montana team focused on a plan to request that the Governor call a statewide planning conference on unintended pregnancy to be conducted in 1997. The conference would bring together representatives from all levels of state and local agencies in the public and private sectors and from all perspectives and interests. The goal of the conference would be to develop a statewide plan to reduce teenage and unintended pregnancy and to help initiate community-level planning processes.

The team agreed that, as part of implementing this plan, the Committee would be asked to send a letter to the Governor requesting a 1997 statewide conference and that members of the Committee would, if requested, help plan and coordinate the conference. Other potential partners that were identified included family planning professionals, the Montana Association of Counties, the League of Cities and Towns, religious groups, legislators, businesses, child abuse and neglect treatment providers, civic clubs, chambers of commerce, the Montana Hospital Association, children's advocacy groups, insurance providers, crisis pregnancy counselors, right-to-life groups, the Christian Coalition, abstinence-only advocates, school nurses and counselors, welfare reform teams, Head Start, the ICC, adoption agencies, community health centers, and Indian Health Services and other Native American organizations.

Final action

The Committee unanimously agreed to send a letter to Governor Racicot requesting that he call a 1997 statewide planning conference on teenage pregnancy and the larger issue of unintended pregnancy.³¹ (See Appendix B for a copy of the letter.)

NOTE: The Family Planning Section, DPHHS, is examining the availability of

grant money to help fund this conference.

PART 6:
INFORMATION CAMPAIGN
TO REDUCE TEENAGE PREGNANCY

Objective and recommendation

Objective #6: *Help prevent teenage pregnancies.*

Recommendation #6: The family planning media campaign aimed at reducing unintended teenage pregnancies should be supported, but should make the following adjustments: (1) include more messages targeting teenage males as well as adult males; (2) include more messages that do not assume that a youth is sexually active but that recognize that a youth may be undecided; and (3) include more messages that reinforce abstinence.

Issue summary

Risks: Among the risks associated with teenage and unintended pregnancies are that: (1) mothers are less likely to seek prenatal and postnatal care; (2) mothers are more likely to expose the fetus to harmful substances such as alcohol, tobacco, or drugs; and (3) the mother is at greater risk of being abused.

Consequences: A child born as a result of a teenage or unintended pregnancy is at risk of: (1) being of low birth weight, which requires intensive care and can result in chronic illnesses, (2) dying in the first year of life, and (3) being abused or neglected. Teenaged parents are less likely to finish high school, are more likely to have additional children, and are more likely to end up living in poverty.³²

Teenage parents are more likely to:

- L** give birth to unhealthy babies;
- L** drop out of school;
- L** have more than one baby; and
- L** live in poverty and depend on welfare.

Key findings

Sexual activity: Although sexual activity among Montana teens is slightly less than national averages, a significant number of Montana high school students are engaging in sexual intercourse. In 1995, two out of every three high school seniors (62%) responding to a survey reported that they had engaged in sexual intercourse at least once. Moreover, 1 in 3 male 9th graders and 1 in 4 female 9th graders reported that they had engaged in sexual intercourse at least once.³³

Teenage pregnancies and outcomes: A significant number of Montana's female teenagers become pregnant.

About 1 in 14 female adolescents 15 to 19 years old became pregnant in 1991. In 1993, 12.4% of live births, 12.2% of fetal deaths, and 25.1% of induced abortions involved girls under 20 years old.

Of the 1,992 total teenage pregnancies ending in live birth, fetal death, or abortion in 1993:

Q 752 (38%) involved 15- through 17-year-olds; and

Q 29 (1.5%) involved girls less than 15 years old.³⁴

Public costs: Public costs of adolescent pregnancy and unintended pregnancy in Montana are high. In FY 1994, prenatal care and deliveries to 1,024 teens 19

years old or younger were publicly funded at a total cost \$2.55 million. Health care for one unhealthy baby costs Medicaid an average of \$34,260

Scope of problem:

In 1993:

L 12.4% of live births;

L 12.2% of fetal deaths; and

L 25.1% of abortions

were to teenagers 19 years old and younger; and

L 4.4% of live births;

L 1.4% of fetal deaths; and

L 10.2% of induced abortions

were to teenagers 15 to 18 years old.

in the baby's first year. In 1993, 81 unhealthy babies were born to Montana mothers (not just teens) who had inadequate prenatal care.³⁵ Other, less-quantifiable costs of teenage and unintended pregnancies, are the costs associated with unstable and unhealthy families.

Benefits of prevention: A summary prepared by the DPHHS family planning staff states that the following are some of the benefits of family planning services:

Q for each \$1 invested in family planning, \$4.40 is saved in federal, state, and local short-term governmental costs; \$26 per \$1 invested is saved in the long-term; and

Q for each \$1 invested in family planning in Montana, it is estimated that an average of \$7.85 is saved in the first year as a result of averting short-term expenditures on medical services, welfare, and nutritional services.³⁶*

Teenage pregnancy panel discussion

The Committee hosted a panel of presentations and discussion on teenage pregnancy issues during its October 25-26, 1995, meeting. The following summarizes the key testimony presented.

State Family Planning Program: ***Ms. Suzanne Nybo, Supervisor, State Family Planning Section, DPHHS***, said that the State Family Planning Program funds 14 local programs that provide family planning services to about 28,000 people. The clinics provide reproductive health care for men and women. Family planning clinics also provide cancer screening, education, and a spectrum of physical examinations. According to data collected by the family planning office, Montana's family planning clinics in 1995 served 8,000 teens from all counties. Most of the teens were 18

* How these numbers are reported and calculated may be a topic for discussion, but was beyond the scope of the Committee's study.

and 19 years old; 300 were 14 years old or under.³⁷

Underlying risk factors: ***Dr. Ames-Curtis, MD, Medical Director, Behavioral Health Services and SW Montana Telepsychiatry Network, St. Peter's Community Hospital***, reviewed for the Committee specific risk factors and underlying problems related to teen pregnancy. Some of these core issues are summarized below.³⁸

Physical and developmental issues. More adolescents are engaging in sexual activity earlier because, among other things, puberty is occurring earlier.

Self-esteem and identity issues. A teenager with a high sense of self-esteem, but who is ambivalent about whether to have sex is just as likely to become pregnant as a teenager who consciously chooses to engage in sex or to become pregnant.

Family issues. Economic stress, emotional conflicts in the home, poor parenting, sexual abuse, substance abuse, and ethnic/cultural patterns are root causes underlying many teenage pregnancies.

Education and poverty issues. Teenage mothers tend to have lower educational attainment, lower parenting skills, and an increased reliance on welfare because of their inability to get jobs.

Abstinence curriculum: ***Mr. Gary Swant, Founder of Sexual Abstinence & Family Education, Inc. (SAFE, Inc.)***, told the Committee that it was essential that the family planning approach to teenage pregnancy be changed. Mr. Swant presented research suggesting that many current programs have increased rather than lessened teen sexual activity and pregnancy. He said that Montana's main goal must be to reduce teens' desires to engage in premarital sexual intercourse. Mr. Swant recommended "abstinence-only" sex education programs that show the positive reasons to abstain and the risks of engaging in sex. He said that these programs should be age appropriate, place a value on virginity, and should not contain the mixed

message of "abstinence...unless you use a latex condom".³⁹

Planned Parenthood programs: **Ms. Aylett Wright, Health Educator, Planned Parenthood of Missoula**, told the Committee that 5 years ago Planned Parenthood of America developed an initiative called "*First Things First*". This program's objective was to educate young people about the need to get an education, achieve physical maturity, begin to make career plans, and attain solid emotional development before they take on parental responsibilities. The goal of the initiative was to reduce the numbers of teen pregnancies by 50% by the year 2000. In Missoula, between 45 and 50 youths have gone through the program and there has been only one unplanned pregnancy in the participant group. The program also works on male involvement and targets at-risk youth.

A community project in Polson: **Ms. Maureen Moriarty, Project Coordinator, Teen Health Project, Polson**, summarized Polson's Teen Health Project. The Teen Health Project is the result of several needs assessments done in Lake County. These assessments determined that Lake County had a glaring problem with teenage pregnancy. A steering committee was established to guide the project, and the first thing it did was to ask teens "What do you want?" and "What do you think is effective?" Responses reflected that: (1) teens did not feel that they were getting enough information within the school system about pregnancy; (2) that teens do not like to be preached to; and (3) that lack of access to contraception was perceived as the biggest obstacle to preventing teenage pregnancy.

Ms. Moriarty said that the teen pregnancy rate in Lake County alone was 16.8% compared to the state and national averages of about 12%. A Lake County coalition approached the teenage pregnancy issue by initiating a community-based program called "*Baby, Think It Over*" and a school-based curriculum. Lake County also began using peer educators in a program called Postponing Sexual Involvement (PSI), which promotes abstinence as the most effective way to avoid the threat of AIDS and pregnancy.

Native Americans: **Mr. Bill Walls, Executive Director, Missoula Indian**

Center, said that Indian teens have the same hopes, desires, and problems as other teenagers in America--race makes no difference. He noted, however, that the Indian teen environment and culture is very different from other cultures. Mr. Walls reported that the average teenage Native American girl will become pregnant before 16 years of age and the average teenage Native American boy will have fathered a baby before 16 years of age. By the time both reach 18 years of age, they will be the parents of two or more children.

Approximately 45% of Indian teen parents drop out of school, which denies these teen parents the educational skills needed to support and provide for their children. This, in turn, leads to higher rates of welfare dependency. Although Indians

By the time the average Indian boy or girl reaches 18 years old, they will be the parents of two or more children.

-- Mr. Bill Walls, Missoula Indian Center

represent only 6% of Montana's total population, they represent 25% of the welfare caseload and 24% of the foster care caseload. The majority of teenagers on the reservations are second- and third-generation teen parents, a parenting practice that has become acceptable within the Indian extended-family dynamic.

Mr. Walls said that problems with alcohol and drug abuse on Indian reservations have also reached epidemic levels and that the problem is multigenerational. In addition, the deterioration of the family structure, general family dysfunction, and every form of abuse are the core issues underlying teenage pregnancy. The majority of Indian teenage parents have been sexually abused or were victims of violence. These experiences foster an inability to set healthy boundaries and inhibit healthy relationship building. The lack of appropriate communication skills and the lack of education in dealing with sexuality also contributes to these problems. Most Indian teens are not able to have healthy relationships. Children live what they learn at home and the wide array of relationship and family problems created by addictions sets the stage for early teenage pregnancy.

Mr. Walls made the following recommendations:

- Q that the state develop motivational options, such as career and higher education incentives for teens as healthier alternatives to intimate relations;
- Q that Native American culture, tradition, and values be incorporated into these alternative activities as a long-term prevention strategy; and
- Q that there be more education on the male role and on the consequences of pregnancy.

Mr. Walls concluded that there must be a change in teenagers' attitudes toward sex. Native American teenagers need positive role models. He noted that state programs and services are not available on the reservations. Mr. Walls said that programs and services not reaching the reservations is caused by the polarization of the state and tribal governments over sovereignty issues and tax funding issues. He encouraged the Committee to channel services through the school system.⁴⁰

A school-based educational model: **Ms. Janet Colberg, School Nurse, Capital High School, Helena**, provided information on Capital High's curriculum "Teen Parents -- Reachable/Teachable". The curriculum outlines strategies and modules for people working with pregnant and parenting teens or those who are teaching prevention of teen pregnancy. The program is school-based but relies on community networking.⁴¹

Job training for teen parents: **Ms. Linda Snedigar, Coordinator, Eastern Montana Job Opportunity Basic Skills (JOBS) Program, Family Assistance Division, DPHHS**, provided information on JOBS Teen Parent Services, which is the employment and training section of the Aid to Families with Dependent Children program. The information provided to the Committee included eligibility requirements, the estimated eligible population, service

objectives, the three delivery systems, funding trends, and the program outcomes.⁴²

Healthy Mothers, Healthy Babies: **Mr. Steve Yeakel, Executive Director, Montana Council for Maternal and Child Health (Representing Healthy Mothers, Healthy Babies)**, provided information about the Healthy Mothers, Healthy Babies Promoting Action for Teen Health (PATH) project. Mr. Yeakel said that the two main goals of PATH are: (1) to reduce adolescent pregnancy in Montana, and (2) to postpone adolescent sexual intercourse. The program's interim goal is to develop and implement a 10-year comprehensive adolescent pregnancy prevention plan. The key to fulfilling this objective will be collaboration and partnerships among state, local, and community activists.⁴³

Summary recommendations offered: Wrapping up the panel discussion, **Ms. Maxine Ferguson, Chief, Family/Maternal and Child Health Bureau, DPHHS**, said that the state needs:

- Q a single point of access for information for teens;
- Q to build consensus at the community level;
- Q to improve teen access to services; and
- Q to acknowledge that teens are having sex and that the state's denial of teen sexuality is comparable to children's denial that their parents have ever had sex.⁴⁴

Media campaign reviewed

During its June 21, 1996, meeting, the Committee reviewed the family planning section's media campaign aimed at reducing teenage pregnancy. The Committee examined posters, stickers, flyers, and radio spots. Following their review, Committee members made the following comments:

- Q the messages seemed to be directed more toward young teenage

girls and there should be more messages aimed at young men and adult males who think about taking advantage of teenage girls;

- Q the messages seemed to assume a youth was sexually active; more messages should acknowledge that many youth are undecided; and
- Q more of the campaign needed to reinforce a message that abstinence is the best decision.⁴⁵

Final action

The Committee voted 7 to 0 to support the Montana family planning section's media campaign aimed at reducing teenage pregnancies, but to articulate as a final recommendation that adjustments should be made to the messages being sent.⁴⁶

The Committee also discussed tightening the statutory rape laws by raising the statutory "age of consent" from 16 years old to 18 years old. This would mean that the law would assume that a teenager is unable to consent to sex until attaining 18 years of age. The objective would be to deter teenage sexual activity and to especially deter adult males from considering sex with teenagers. However, a majority of Committee members raised concerns about this change would affect 17-year-old teenagers, male and female alike. The Committee failed to pass a motion to raise the age of consent to 18 years old.⁴⁷

PART 7:
ADOLESCENT SUBSTANCE ABUSE PREVENTION

Objective and recommendation

***Objective #7:** Reduce alcohol and drug use among Montana's children and youth.*

Recommendation #7a: The Committee should continue its oversight of the Interagency Coordinating Council and its pilot project--a Missoula primary prevention project to develop a comprehensive system of preventative services for children and their families who are at risk for family violence, juvenile delinquency, substance abuse, behavioral disorders, and school failure.

Recommendation #7b: The Legislature should adopt Committee bill LC0087 to include ephedrine in the Schedule IV list of dangerous drugs, which will limit sale of single-entity ephedrine products to be by prescription only. Ephedrine is an over-the-counter stimulant drug sold in many convenience stores as a bronchodilator in the treatment of asthma. However, the drug has a history of abuse and growing usage among young people. Also, ephedrine is the primary ingredient in the illicit manufacture of methamphetamine (a Schedule II prescription drug) and methcathinone (an illegal and highly addictive drug).

Issue summary

Research shows that alcohol, tobacco, and drug abuse among adolescent children seriously affects mental, emotional, and physical health and contributes to other delinquent and criminal behaviors, teenage pregnancy, youth suicide, and school drop-out rates. The social and fiscal costs of substance abuse are enormous, yet difficult to quantify because substance abuse is one factor that intertwines with many other physical, mental, and emotional health issues. The high cost of treatment, juvenile and adult

corrections, and family and social dysfunction associated with adolescent substance abuse highlight the need for ongoing prevention activities to reduce alcohol and drug use among Montana's young people.

Key findings

During its October 27, 1995, meeting, the Committee conducted a hearing and panel discussion on adolescent substance abuse.* Panel participants included:

Q **Mr. Darryl Bruno, Alcohol and Drug Program, Department of Public Health and Human Services (DPHHS)**, who provided information on the Alcohol and Drug Abuse Program (ADAP) within the DPHHS;

Q **Mr. Fred Fisher, Program Officer, Montana Board of Crime Control**, who provided the information on the characteristics of effective prevention programs;

Q **Mr. Rick Chiotti, Health Education Specialist, Office of Public Instruction (OPI)**, provided information on the drug free schools program;

Q **Ms. Peg Shea, Program Director, Turning Point**, who provided a summary of treatment issues and what happens when prevention activities are not successful;

Q **Mr. Marco Lucich, Deputy Probation Officer, Butte/Silver Bow Youth Court**, who presented information about the "Butte Cares" program, which involves a committee of 25 community members, including some teenagers, and is a success story about how communities can come together to make a difference;

* For a summary of each presentation, see JOCCF, Minutes, October 27, 1995, which is available by contacting the Legislative Services Division.

Q **Ms. Claudia Venditti, Project Director, Gallatin County Prevention Coalition**, who provided information about the coalition, which is a community partnership funded by a federal grant from the Center for Substance Abuse Prevention; and

Q **Mr. John Brekke, Founder and Director, Wilderness Treatment Center, Marion, Montana**, who provided information about the Wilderness Treatment Center, which is a licensed 60-day inpatient treatment

program for males from 14 to 24 years old and that is located on a working cattle ranch.

The following summarizes key testimony.

Where Montana ranks nationally:

- L 5th highest in adolescent suicide rates;
- L 9th highest for adolescent motor vehicle deaths;
- L 7th highest for deaths from other accidents; and
- L 26th highest for adolescent homicide.

A significant percentage of these rates are related to alcohol and substance abuse.

(Source: Mr. Rick Chiotti from the U.S. Department of Health and Human Services' 1993 report *Adolescent Health: State of the Nation*.)

Drug-free schools program and funding: Of federal block grant funds available to states through the U.S. Department of Education, Office of Elementary and Secondary Education, 80% of a state's block grant goes to the states' Departments of Education (OPI in Montana) and 20% goes to the governors' office. Ms. Cathy Kendall, program officer at the Montana Board of Crime Control (MBCC), Department of Justice, provided information that for FY 1996, Montana's allocation totaled \$2.15 million. Of that amount, \$1.72 million was allocated to the OPI and \$430,000 was allocated, through the Governor's Office, to the MBCC.⁴⁸

OPI's safe and drug-free schools program: Mr. Chiotti explained to the Committee that Montana's Safe and Drug-Free Schools and Communities Program at OPI, is 100% federally funded and operates with 1.5 FTE at the state level. The program has no state funding.

Of OPI's 80% share of the federal grant, 91% must be annually allocated directly to applicant school districts. There are 154 local education agency (LEA) projects statewide involving 887 schools and 98% of all public and non-public school students statewide. There are also 12 competitively funded substance abuse prevention projects statewide. Funding for all of these projects for FY 1995 through 1996 totals approximately \$1.6 million.⁴⁹

School districts use the money allocated to them to fund the following types of activities: drug prevention education, health education, violence prevention education, establishing "safe-zones" *, acquiring metal detectors and security personnel, ** professional development of staff, before- and after-school educational programs, drug abuse resistance education (D.A.R.E.), and program evaluation.⁵⁰

Mr. Chiotti said that several studies have concluded that prevention education programs are effective in preventing

Drug-free schools money:

Total FY 1996 allocation =
\$2.15 million

L OPI - \$1.72 million

L MBCC - \$0.43 million

No state funding provided.

* "Safe zones" are school zones that are to be free from drugs or weapons. No more than 20% of an LEA's funding allocation may be spent on this activity.

** Again, no more that 20% of an LEA's allocation may be spent for security.

adolescent substance abuse.*

The Montana Board of Crime Control's (MBCC) Drug-Free Schools program:

Ms. Cathy Kendall, MBCC, provided the following information about the MBCC's drug-free program:⁵¹

- Q The MBCC funds are used as "seed money" for innovative approaches to community concerns. The MBCC's projects involve a maximum of 48 months of funding with an escalating hard-cash matching requirement.
- Q The MBCC gives priority to projects that create or maintain partnerships between schools and community programs.
- Q As of July 1996, the MBCC's FY 1996-1997 federal grant allocation has been used to help fund the following projects:
- a D.A.R.E. program in Columbia Falls, Hill County, Fergus County, and Sidney;
 - the Law Related Education Project in West Yellowstone;
 - school-based projects for youth at risk of school failure or expulsion in Missoula, Whitefish, Polson, Bozeman, and Belgrade;
 - Big Brothers & Big Sisters in Boulder; and
 - the Boys & Girls Club of the Northern Cheyenne.

* The OPI's 1995 "Evaluation Report: An Evaluation of the Alcohol, Tobacco and Other Drug Abuse Prevention Programs in Montana Schools" reports how many school districts have implemented what kinds of programs. However, several JOCCF members raised concerns about how effective drug abuse prevention education programs really are because most evaluations do not accurately measure outcomes. Additionally, it is difficult to measure the degree to which a behavior, such as substance abuse, has been prevented as a result of these programs. Program evaluation issues are further discussed under Part 8 of this report.

Characteristics of effective prevention programs: Mr. Fred Fisher, Program Officer, MBCC, provided the Committee with information about the characteristics of effective prevention programs, which include sound planning, comprehensiveness, and effective program strategies.

Mr. Fisher said that one of his concerns about an education-based program, such as the D.A.R.E. program, is that many people tend to think that once a child has gone through a D.A.R.E. program, that child has been touched

Quality early childhood programs are the best drug prevention programs in the state.

-- Mr. Fred Fisher, MBCC

with a "magic wand". In Mr. Fisher's opinion, there is no magic wand and children must be touched over and over again as they go through the school years.

Mr. Fisher said that quality early childhood programs are the best drug prevention programs in the state.

Risk factors and a comprehensive community prevention model: Mr. Fisher provided the Committee with a thorough analysis of the risk factors contributing to adolescent substance abuse and charted for the Committee what a model comprehensive community prevention model would look like.⁵²

Figure 5 provides a chart of the risk factors that increase the likelihood that a child will develop a problem behavior. The problem behaviors are categorized as substance abuse, delinquency, teen pregnancy, school dropout, and violence.

FIGURE 5: RISK FACTORS

Risk Factors	Problem behaviors*				
COMMUNITY	Sub. abuse	Del.	Teen preg.	Sch. drop.	Viol.
Availability of drugs	T				
Availability of firearms		T			T
Community laws and norms	T	T			T
Media portrayals of violence					T
Transitions and mobility	T	T		T	
Low neighborhood attachments and community disorganization	T	T			T
Extreme economic deprivation	T	T	T	T	T
FAMILY					
Family history of high risk behavior	T	T	T	T	
Family management problems	T	T	T	T	T
Family conflict	T	T	T	T	T
Parental attitudes and involvement that enables the problem behavior	T	T			T
SCHOOL					
Early and persistent antisocial behavior	T	T	T	T	T
Academic failure in elementary school	T	T	T	T	T
Lack of commitment to school	T	T	T	T	
INDIVIDUAL/PEER					
Alienation and rebelliousness	T	T		T	
Friends who engage in problem behavior	T	T	T	T	T
Favorable attitudes toward the behavior	T	T	T	T	
Early initiation of the problem behavior	T	T	T	T	T
Physical/constitutional factors	T	T			T

Source: Mr. Fred Fisher, MBCC, from 1994 DRP, Inc. OJJDP Key Leaders Orientations

* KEY = Substance abuse (Sub. abuse)
 Delinquency (Del.)
 Teen pregnancy (Teen preg.)
 School drop-out (Sch. Drop.)
 Violence (Viol.)

Conclusions: The following conclusions may be drawn from the information Mr. Fisher provided:⁵³

- Q To reduce adolescent substance abuse, risk factors must be addressed at the community, family, school, and individual level.
- Q Each risk factor can lead to several different problem behaviors, substance abuse being only one of those behaviors. Substance abuse prevention efforts will be more effective if integrated with other prevention programs that also target the same risk factors.
- Q Targeting risks is not enough. Prevention programs and community initiatives must create conditions that protect young people and deflect the impact of exposure to a risk factor. Protective activities include healthy relationships that create emotional bonding and healthy belief systems.

ICC pilot project

Background: Established by the 1993 Legislature, the Interagency Coordinating Council for State Prevention Programs (ICC) is responsible for developing and coordinating, through interagency cooperation, comprehensive prevention programs "that address the problems of at-risk children and families and that can be provided in a flexible manner to meet the needs of those children and families".⁵⁴

Members of the ICC include the Director of the DPHHS, the Attorney General, the Superintendent of Public Instruction, the presiding officer of the Children's Trust Fund Board, two persons appointed by the Governor and related to private or nonprofit prevention programs, the Administrator of the Board of Crime Control, and the Commissioner of the Department of Labor and Industry.

Missoula's *Beyond Violence Project*: During the interim, the ICC funded a

pilot project for a comprehensive community prevention initiative. Missoula County successfully responded to the ICC's Request for Proposal (RFP 96-01) and was awarded a \$60,000 annual grant for 3 years to initiate Missoula County's *Beyond Violence: Towards a Healthy Community Project*. The funding was provided by the DPHHS' Addictive and Mental Disorders Division and the MBCC. The grant required a 20% cash match from Missoula County.

The Missoula violence, delinquency, and substance abuse prevention project focuses on youth from 11 to 14 years old who attend CS Porter Middle School, which was chosen because of the neighborhood's racial diversity and its high percentages of single parents, rental units, and families below the poverty level. The high school also experiences a high level of student turnover, a significant risk factor leading to problem behaviors such as substance abuse. Project services target all four domains under which the risk factors are organized (see Figure 5): (1) the community and neighborhood; (2) families; (3) school; and (4) individual students. The Missoula proposal states that, under the direction of the Missoula Prevention Coalition, seven service providers will come together at the "CS Porter Title I funded Family Resource Center (FRC) to create a seamless primary prevention program".⁵⁵

The ICC's objective is to demonstrate how community resources can be strategically focused and integrated to effectively prevent youth violence, delinquency, and substance abuse. Thus, the ICC will be tracking how Missoula County implements its plan, evaluates its programs, and how specific risk factors at the community, family, school, and individual level are mitigated.

Committee discussion and options

Committee discussion focused on ways to assist community substance abuse prevention initiatives. Fulfilling its statutory oversight duties, the Committee received continual updates on ICC activities, including updates the ICC pilot project described above. Committee members supported the

goals of the ICC pilot project.

Final action

Committee members unanimously agreed to recommend that the Committee continue its oversight of ICC activities and the outcomes of the Missoula demonstration project.⁵⁶

The Committee also unanimously agreed to sponsor a Committee bill (SB 8) that would reduce the availability of ephedrine, which is currently an over-the-counter drug used to treat asthma. More and more young people are abusing ephedrine, which can have the same effects as a dangerous drug.

Additionally, ephedrine is the primary ingredient in the illicit manufacture of methamphetamine, which is a Schedule II prescription drug, and in methcathinone, which is an illegal and highly addictive drug.⁵⁷

PART 8:
INTERAGENCY COORDINATING COUNCIL
FOR STATE PREVENTION

Objective and recommendation

***Objective #8:** Support the Interagency Coordinating Council (ICC) for State Prevention.*

Recommendation #8: The Legislature should adopt Committee bill LC0088, which adds the Director of the Department of Corrections to the ICC's membership and which specifies that among the ICC's duties and responsibilities is: (a) the development, maintenance, and implementation of benchmarks for state prevention programs, and (b) the development and presentation of a unified state prevention budget.

Origin and purpose of the ICC

The ICC was created when the 1993 Legislature passed and the Governor approved Senate Bill No. 34 (Chapter 29, Laws of 1993), which was carried by Senator Eck by request of the Joint Interim Subcommittee on Children and Families. The interim subcommittee found it necessary to establish an entity at the state level that would coordinate prevention programs for children and families whose needs cut across multiple state agencies. Senate Bill No. 34 enjoyed wide support. There were no opponents during the House or Senate hearings on the bill.

During the 1995 Legislature, the ICC's membership was amended to include the Commissioner of Labor and Industry, thus implementing a recommendation of the interim subcommittee.

The ICC is attached to the Governor's office for administrative purposes

and must cooperate and report to any standing or interim legislative committee reviewing state prevention programs. The duties of the ICC are codified as section 2-15-225, MCA, which states in part:

"The coordinating council shall perform the following duties:

(a) develop, through interagency planning efforts, a comprehensive and coordinated prevention program delivery system that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities;

(b) develop appropriate interagency prevention programs and services that address the problems of at-risk children and families and that can be provided in a flexible manner to meet the needs of those children and families;

(c) study various financing options for prevention programs and services;

(d) ensure that a balanced and comprehensive range of prevention services is available to children and families with specific or multiagency needs; and

(e) assist in development of cooperative partnerships among state agencies and community-based public and private providers of prevention programs."

The Legislature did not appropriate a separate budget or provide additional staff for the ICC. In 1995, the Division of Child and Family Services within the DPHHS designated one FTE as a state prevention coordinator to work with the ICC and to establish a State Prevention Resource Center.

Through the Corporation for National Community Service, the DPHHS was awarded the services of up to 21 VISTA volunteers to support ICC activities throughout Montana. The award is for the 1997 state fiscal year and may be renewed for the 1998 and 1999 fiscal years. Four of these volunteers are working in the State Prevention Resource Center.

ICC membership

Issue summary:

As originally established, the ICC included the Director of the Department

of Corrections and Human Services (DCHS). In 1995, the DCHS was reorganized into two departments with human services functions consolidated under one department, DPHHS. Juvenile and adult corrections were consolidated under a Department of Corrections. Although the statutory language in section 2-15-225, MCA was changed to identify the Director of the DPHHS as a member of the ICC, the Director of the Department of Corrections was left out.

Key findings: The Committee found that the Department of Corrections (DOC) is routinely included in ICC meetings even though the Director of the DOC is not officially an ICC member. The ICC and interested parties expressed support for a bill to add the DOC Director to the ICC.*

Benchmarking

Issue summary: The ICC established a working group of agency program managers and staff. The working group determined a need to identify objectives, goals, and benchmarks so that prevention activities could be focused and measured. The working group modeled the benchmarking after similar work done in Oregon. However, after the working group developed and presented to the ICC preliminary draft benchmarks in 23 prevention areas, the benchmarking process stalled. The Committee became concerned that the benchmarks would go unimplemented and would not be recognized in the field or by other agencies.

Key findings: The ICC is now carrying forward its benchmarking activities and is working to prioritize and formally adopt a few specific benchmarks as agency program goals.**

* At an October 22, 1996, ICC meeting, ICC members developed a proposal that would also add a Native American and a higher education representative to the ICC. Both were recognized as essential to the development of coordinated and comprehensive prevention efforts.

** For more information on the ICC, contact Ms. Judy Garrity at (406) 444-5986.

Discussion: The Committee discussed various options for articulating the Committee's interest and support for a serious benchmarking effort that would clearly identify program goals and how program outcomes would be measured. Options included a Committee letter to the ICC, a legislative resolution, and a bill draft that would make benchmarking a specified duty of the ICC. Committee members agreed that developing benchmarks should be a specific statutory duty of the ICC. Placing this duty in statute would clearly articulate the legislature's expectations of the ICC and would also help the benchmarks get formal recognition in the field.

Unified prevention budget

Issue Summary: The 1995 Legislature included in the general appropriations act, House Bill No. 2, language requiring presentation of a unified budget for state prevention programs.* The DPHHS was given the responsibility of developing this budget. However, prevention programs involve the budgets of multiple agencies, not just the DPHHS. Furthermore, while recognized by the Committee and the ICC as a valuable tool in viewing the "big picture" of prevention in the state, preparation and presentation of a unified budget is not now an official duty any agency, but is an appropriate duty for the ICC.

Key findings: The ICC prepared and on September 16, 1996, presented to the Committee a unified prevention budget. The budget was focused on four broad categories: (1) pregnancy issues; (2) childhood health and welfare issues; (3) adolescent and adult behavioral issues; and (4) root causes. The unified budget document lists the prevention issue to be addressed, the ICC benchmark, the programs that are focused toward

* The term "unified budget" was interpreted by the DPHHS and the governor's budget office as meaning a unified listing or report of certain portions of agency budgets related to prevention programs and not a literal unification of funding for prevention programs.

attaining the benchmark, the administering agency, the budget code, the FY 96 actual budget for the program or programs, and the FY 98 and FY 99 budget request.⁵⁸

Discussion: The primary interest of Committee members was that the Legislature be able to view the "big picture" with relation to agency and program budgets so that duplications, overlaps, or gaps in the prevention "fabric" could more easily be identified and addressed.

Final action

At its September 16, 1996, meeting, the Committee unanimously voted to support a Committee bill, SB 92, that would accomplish the following:

- Q** add the Director of the Department of Corrections to the ICC;
- Q** specify that the ICC was responsible for developing, maintaining, and implementing benchmarks for human service prevention programs for children and families; and
- Q** assign to the ICC the responsibility of developing, presenting, and including in the Executive Budget a unified prevention budget.

PART 9: PROGRAM EVALUATION

Objective and recommendation

Objective #9: Evaluate program outcomes and support the most effective programs.

Recommendation #9: The Legislature should adopt Committee bill LC0126, which establishes guiding principles on program evaluation for child and family services programs and requires that certain fiscal notes identify evaluation costs.

Issue summary

During various meetings, Committee members consistently expressed interest in program assessment, evaluation, and outcome data that would indicate the extent of a program's success in achieving its objectives. Committee members also articulated concern that with shrinking dollars available for human services programs, the legislature must ensure that funds are strategically targeted and effectively used to obtain desired results. However, most prevention programs evaluate processes rather than outcomes.

Key findings

Committee member concerns: During its first meeting, August 24, 1995, the Committee identified several key themes related to its oversight goals and objectives. These themes were "best practices", "evaluation of program effectiveness", "benchmarks", "outcome data", and "accessibility to services".

Presentation by Mr. Fred Fisher: At the Committee's May 9, 1996, meeting, Mr. Fred Fisher, Prevention Program Specialist, Montana Board of Crime

Control, presented a paper on program evaluation, which included a review of

terminology and evaluation types. The following is a brief review what Mr. Fisher presented.*

Definitions

Goal: The ultimate desired outcome that reflects the desired state of affairs.

Objective: A specific accomplishment to be achieved during a specified period of time to help attain the goal.

Benchmark: A reference point in the future used to specify and measure the state of affairs and determine progress toward or attainment of the ultimate goal, i.e. the desired state of affairs.

Types of Evaluation

Monitoring: The most basic level of evaluation, which does not evaluate program effectiveness but does provide information on counting the number of hours spent, clients served, staffing levels, etc.

Process

Evaluation: Evaluates the effectiveness of the process for getting a project done, which does not provide information about the program's effectiveness in accomplishing objectives, but does provide information about the efficiency of the process.

Outcome

Evaluation: A method of evaluating the accomplishments or consequences that can be attributed to the project's activities and operations. (This is sometimes called

* For more information, please see Mr. Fisher's paper "Program Evaluation Primer", prepared for the Joint Oversight Committee on Children and Families, May 9, 1996. This paper is Exhibit #9, JOCCF, Minutes, May 9, 1996, and is available from the Legislative Services Division.

"program evaluation" or "systematic evaluation").

Lessons being learned through the Partnership Project*: In her December 1995 report on the Partnership Project, Dr. Mary Trankel of Trankel Research & Analysis states:

*"...government officials and nonprofit organizations...have begun to expect more than a simple recounting of program activities. They want to know the effects a program has had on the attitudes and behaviors of program participants. In other words, they want hard statistical data (outcome measures) designed to demonstrate program effectiveness."*⁵⁹

Dr. Trankel further stated that a unique problem of evaluating prevention programs is that it is impossible to measure something that does not happen. However, it is logical to try to impact the risk factors associated with the outcome a program is trying to prevent. In the case of the Partnership Project, the undesirable outcome is child abuse and neglect and the evaluation measures the impact on the risk factors that often lead to child abuse and neglect.

Ms. Kate Mrgudic, Director, Partnership Project, reported that program evaluation must be part of a program's initial design so that the effectiveness

Evaluation guidelines

- L identify goals
- L identify services
- L identify target population
- L identify desired outcomes
- L ensure outcome is measurable
- L include evaluation as part of program design

* The Partnership to Strengthen Families Project is a state-wide network of 17 public and private family services providers. The Project's objective is to help families develop and maintain strengths that will help prevent child abuse and neglect.

of program components can be accurately measured. Ms. Mrgudic also noted that program evaluation takes a commitment of time, costs more than process evaluation, and challenges project workers to view evaluation as a positive rather than negative reflection on their work.

Committee discussion and action

During its September 16, 1996, the Committee reviewed several options for articulating guiding principles on program evaluation so that state agencies and program advocates would be encouraged to present to the legislature information on program objectives and outcomes or evaluation strategies designed to obtain outcome data. The Committee voted 4 to 2 to approve Committee bill SB 93, which provides program evaluation guiding principles, encourages state agencies to present outcome data and evaluation strategies, and requires that evaluation costs be reflected in fiscal notes.⁶⁰

PART 10: EVALUATION CAPACITY

Objective and recommendation

***Objective #10:** Maintain a capacity to measure the well-being of Montana's children and families.*

Recommendation #10: In the spirit of public/private partnership, state agencies who use the *Montana Kids Count Data Book* should help fund a portion of the \$150,000 annual cost of developing the book.

Issue summary

Discussions about the cost of program evaluation raised interest in assessing the state's current capacity to collect and evaluate information. State agencies employ a variety of automated case management systems. However, little attention has been given to assessing the extent to which these systems can support program evaluation.

Key findings

Roundtable discussion: During its July 24, 1996, meeting, the Committee hosted a roundtable discussion among the staff who use key automation systems related to human services programs. The Committee focused the discussion on its three study areas, child care, teenage pregnancy, and adolescent substance abuse. Discussion questions were aimed at learning each system's capacity to: (1) identify the characteristics of the target population; (2) track risk factors; and (3) measure outcomes. Figure 6 provides a table summarizing the systems discussed and Committee's key findings.

FIGURE 6: KEY INFORMATION SYSTEMS

Department of Public Health and Human Services Systems		Interface Capability	Remarks
TEAMS	<i>The Economic Assistance Management Systems</i> -- provides statewide on-line eligibility determination for Food Stamps, AFDC and Medicaid programs. Ensures consistency in application of welfare policy and accuracy and timeliness of benefit determinations and payments	Social Security, IRS, Unemployment Insurance; integrated with MACCS, links with CAPS; will interface with SEARCHS	Tracks info. by client and provider but does not contain HEAD START information
MACCS	<i>Montana Automated Child Care Systems</i> -- an integrated component of TEAMS implemented in May 1995, automated welfare eligibility determination, case maintenance, payment and reporting of day care benefits for DPHHS child care programs. Added another 200 system users and 3,500 day care cases to TEAMS.	Same as TEAMS	Tracks info. by client and provider
SEARCHS	<i>System for Enforcement And Recovery of Child Support</i> -- automates financial management of child support collections, absent parent location, paternity establishment, case management, order modifications, case management, and internal program management. Financed with 66% federal participation.	will interface with TEAMS/MACCS, CAPS, Dept. of Justice, Supreme Court, and Dept. of Revenue	Tracks info. by client records; will become national registry and able to access info. from bank accounts, utility bills, employers, judiciary, etc. to fulfill requirements of welfare reform bill. *
CAPS	<i>Child and Adult Protective Services</i> -- automated social services information system covering all major program areas of child protection, adult services and juvenile corrections, as well as client and non-client based contracts. Scheduled for statewide implementation in September 1996. Will support about 700 users.	Is linked to TEAMS/MACCS; more detailed day care provider info. than TEAMS/MACCS	Tracks info. by clients within the child protective services system, clients include people with substantiated report of child abuse or neglect
MMIS	<i>Montana Medicaid Management Information System</i> -- a provider claims processing and information retrieval system operated and maintained under contract by state's Medicaid fiscal agency.	(not covered)	(not covered)

* Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This act contains sweeping changes in child support enforcement and will require substantial upgrades in automated systems.

Department of Public Health and Human Services Systems		Interface Capability	Remarks
Vital Statistics Bureau	Collects statistical information on births, deaths, marriages, divorces, induced abortions, and adoptions. Also has tumor registry that tracks cancer incidence and treatment.	(not covered)	(not covered)
Quality Assurance Division	Recently assigned responsibility to develop a performance measures and benchmarking system to evaluate outcomes.	Working with the ICC to determine benchmarks and evaluation criteria	Division has set out proposed timeline that includes benchmarking activities through FY1997 and performance-based budget planning starting in June 1998
Mental and Addictive Disorders Division	Tracks clients by unique identification number, includes state-approved treatment provider information only, types of services provided, and client information.	Confidentiality restricts interface with other state agency systems	Division has pilot project for performance-based budgeting for chemical dependency treatment at the Montana Chemical Dependency Center
Office of Public Instruction			
Youth Risk Behavior Survey	Voluntary survey of schools and students to monitor prevalence of behaviors that place student health at-risk. Behaviors surveyed include sexual activity, drug and alcohol use, suicidal tendencies, involvement in violent activities, etc.	No interface with the other state agency systems	Tracks trends, not individuals; federal restrictions prohibit OPI from doing specific data collections
School Health Education Profile Survey	Survey of school administrators and health teachers. Conducted every other year. Asks questions about sex education, teaching methods, types of courses, and teacher training.	No interface with other state agency systems	Tracks trends, not students

Department of Public Health and Human Services Systems		Interface Capability	Remarks
Sorting out Services Inventory	Inventory of prevention and community services available to schools.	No interface with other state agency systems	Due to the expense, the 1991 inventory has not been updated
Healthy Mothers, Healthy Babies - The Montana Coalition (private nonprofit)			
Kids Count Data Book	Part of a nationwide effort funded by the Annie E. Casey Foundation. Through public/private collaboration, the Kids Count project collects, analyzes, and publishes data on a variety of family, social, economic, and health factors affecting children and families in Montana. Published annually. Casey grant ends Dec. 31, 1996.	Relies on information collected and reported from a variety of sources, including U.S. census records, state government department records, county records, etc.	Profiles each county, shows demographic information and tracks risk factor trends as well as specific indicators of child welfare, e.g., the number of youths admitted to drug and alcohol treatment programs.

Conclusions: Following the roundtable discussion on these information systems, Committee members made the following observations:

- Q The major state automated systems were designed as case management tools. These systems track individual clients or case files and are not program evaluation systems.
- Q The OPI systems and the school districts are not integrated with state agency information systems, which makes coordinated information gathering difficult.
- Q Information reported through these systems will not show overall costs of certain problems such as alcohol abuse or how much the lack of prevention costs. Nor do these systems provide outcome information to indicate program effectiveness.

Discussion and final action

During the September 16, 1996, Committee meeting, Ms. Elizabeth Espelin, Executive Director of Montana Healthy Mothers, Healthy Babies, presented information on the *Montana Kids Count 1996 Data Book*. Ms. Espelin asked the Committee to support public funding from state agencies who use the publication. She requested public agencies provide a total of \$75,000 to help fund the book's continued publication. The annual cost of publication totals \$150,000. The Annie E. Casey Foundation grant that had previously supported the book's publication ended this year.

The Committee voted unanimously (7 to 0) to recommend that state agencies who use the data book help fund the Montana Kids Count Project.⁶¹

PART 11: FUTURE COMMITTEE ACTIVITIES

Objective and recommendations

Objective #11: Identify future study needs and assess the Committee's performance.

Recommendation #11a: The Committee should study issues on aging and the elderly. The study should include findings and recommendations about available services, unmet needs, and related family issues.

Recommendation #11b: The Legislature should adopt LC0215, which adds a performance evaluation to the statutory list of the Committee's duties and responsibilities.

Future study

The statutory duties assigned to the Committee include the oversight and study of all issues affecting children and families. Although the 1993-1994 Committee received a comprehensive report on adult protective service laws in Montana, there has not been an overall legislative study or review of state agencies and services related to aging and the elderly.

The Committee voted 7 to 0 to recommend that the next Committee study issues on aging.⁶²

Committee self-evaluation

Citing the Committee's recommendations that human services programs be evaluated, Committee members expressed interest in evaluating the Committee's performance as well, including effective use of the Committee's budget.

The Committee voted 7 to 0 to request a Committee bill, SB 94, to include performance evaluation as a statutorily-assigned committee duty.⁶³

PART 12:

CHILD CUSTODY AND VISITATION

Issue summary

Child custody and visitation issues emerged as a significant concern among several Committee interested persons. Concerns centered on the perceived lack of enforcement of custody and visitation rights, which became entangled with child support enforcement issues. For example, a parent, usually the father, is illegally denied custody or visitation rights by the mother who takes the child or children and illegally refuses to allow the court-ordered custody or visitation by the father. Nevertheless, the parent (again, usually the father) being illegally denied custody or visitation is still being required by state and federal law to pay child support. In short, the issue is that while child support is being strongly enforced by federal and state government, child custody and visitation rights are not.

Committee activities

The Committee directed its legal research staffer, Mr. Doug Sternberg, to develop and present a report on child custody and visitation laws in Montana. This report was presented at the Committee's January 25, 1995, meeting. Among the key findings in the report are that Montana's child support enforcement laws are comprehensive and that child support is considered by the courts to be a separate issue from child custody and visitation.

During its January 25, 1996, meeting, the Committee also conducting a public hearing on child custody and visitation issues and heard testimony from the Child Support Enforcement Division.⁶⁴

Montana State Bar Association activities

Concurrently with the Committee's activities, the Montana State Bar Association's Domestic Relations Study Commission initiated its own

review of child custody and visitation laws. Senator Vivian Brooke agreed to request a bill draft, LC 36, so that Mr. Sternberg could work with the Study Commission as it developed its recommendations to revise Montana's child custody and visitation provisions.

The Committee received updates on the progress of LC 36, but at the time of the Committee's final meeting, September 16, 1996, the bill draft was not complete. The Committee discussed its conceptual support for LC 36, but did not adopt a Committee recommendation.

Summary of bill draft LC 36

The following summary of LC 36 was prepared by Mr. Sternberg.

OVERVIEW OF LC 36/1997 SESSION REVISIONS OF CUSTODY & VISITATION LAWS OCTOBER 22, 1996

LC 36 was requested by Senator Brooke on behalf of the State Bar Domestic Relations Study Committee. The draft has undergone several extensive revisions to date and is still at the "study and review" stage. However, in its present form, the draft seeks to accomplish a number of general revisions in the adjudication of custody and visitation decrees when a minor child is involved. This overview will briefly describe the major points of the proposed legislation as it reads on this date. As proposed:

1) Applicable terminology is revised to more accurately reflect the reality of the process, substituting "parenting" for "custody" and "parental contact" for "visitation". A former "custody and visitation decree" is now termed a "parenting plan".

2) A proposed parenting plan is required to be filed by either or both parties whenever a petition for separation or dissolution is filed that involves the care of minor children. Required provisions of the plan, including a schedule of residential time the child will reside with each parent, and additional

possible conditions that may be included in the parenting plan, such as periodic review and a process for dispute resolution, are set out in the draft. The bill allows adoption of an interim parenting plan during the time dissolution proceedings are pending.

3) The statute on "best interests of the child" has been revised in a manner that collects the various standard elements from several former sections into a single statute. Developmental needs of the child must now be addressed under the standard. The joint custody presumption that the child is entitled to contact with both parents now replaces the former presumption that custody should be granted to the parent who has provided most of the primary care during the child's life. A provision is included that a petition for amendment of a parenting plan is considered vexatious if the moving parent has not made a good faith effort to comply with the plan or with dispute resolution provisions of the plan.

4) The statute on pre-decree investigations and reports has been revised to allow the court greater discretion in determining the level of evaluation appropriate for adequate investigation and preparation of the report. The former requirement that the investigator give the case file to the counsel has been revised for consistency with federal disclosure requirements.

5) Educational requirements for divorcing parties are made mandatory. A \$120 fee for filing a petition for contested amendment of a parenting plan is instituted, with proceeds directed toward payment of the court-ordered educational program and toward the educational element of the pre-decree investigation.

6) Both parents are required to give written notice to the other party of their intent to change residence in most cases. A default provision is adopted for a parent who fails to respond to the notice or to seek amendment of a residential schedule for the child.

7) The former standard of "serious endangerment" is replaced with the "best interests" standard in cases when a parent seeks to amend a

parenting plan. The court may order the parties into dispute resolution to resolve problems regarding a proposed parenting plan amendment.

8) Affidavit practice requirements are revised to substitute the "best interest" standard for the former "endangerment" standard in cases when an interim parenting plan is requested *ex parte*.

9) The statute regarding determination of the child's care upon the death of a parent is revised to allow the surviving parent to revise the parenting plan unless that parent has been convicted of abuse or neglect.

10) Grandparent visitation statutes and applicable criminal statutes regarding custodial interference and visitation interference are revised to include appropriate terminology. Actual penalties are not changed.

11) Former statutes regarding joint custody are repealed because the presumption is now that both parents are always entitled to contact with the child except in cases where a parent has been convicted of enumerated child abuse, neglect, or sexual crimes. In essence, all parenting arrangements will now be joint arrangements to the degree possible and agreed upon to allow contact by the child with both parents. Child support requirements and support enforcement provisions are not affected by LC 36, nor does the bill specifically address visitation enforcement except in the context of sanctions that may be applied if a parent fails to abide by the conditions of the parenting plan, as agreed by the parties when formulating the plan.

CONCLUSION

The Committee is responsible for oversight and study of programs serving Montana's children and families. Specific duties include identification of duplications, inefficiencies, and unmet needs. The Committee is also charged to examine funding; monitor interagency collaboration; study emerging issues; and monitor implementation of state welfare policies and welfare reforms. (See section 5-22-102, MCA.) In carrying out these duties, the 1995-1996 Committee focused on prevention.

Webster's New World Dictionary defines "prevention" as the "act of preventing" and defines the word "prevent" as follows:

***pre vent** - vt., "to act in anticipation of", "to stop or keep", "to keep from happening; make impossible by prior action; hinder", or "to put some obstacle in the way", "[to prevent disease]".*

In other words, "prevent" is an action with the intent to stop something from happening. Research has shown that certain risk factors are root causes of undesirable outcomes, such as teenage pregnancy and adolescent substance abuse. To keep Montana's children and families healthy, the Committee recommendations propose actions that will, if enacted, help to "put some obstacle in the way" of unhealthy outcomes and help "make impossible by prior action" diseases such as substance abuse, child abuse, and juvenile delinquency.

During the interim, two questions were repeatedly asked: "What does it cost to provide effective prevention programs?" and "What does it cost if we fail to provide effective prevention programs?"

Various studies may find an answer to these questions. But there is little doubt about the truth of the old adage that "an ounce of prevention is worth a pound of cure."

ENDNOTES

1. Gormley, William, T., Everybody's Children (Washington D.C.: The Brookings Institution, 1995) p. 17.
2. 1990 U.S. Census Data
3. U.S. Census, 1990, Profile P126 compiled by the Census & Economic Information Center, Department of Commerce, Helena, Montana 59620.
4. November 1995 data provided by the Early Childhood Services Unit, Division of Child and Family Services, Montana Department of Public Health and Human Services.
5. Gormley, p. 17.
6. For more information on this topic, see JOCCF, Minutes, July 24, 1996.
7. Bob Turner and Lynn Chenworth, Montana Department of Revenue, (406) 444-2460.
8. Lost Arrow Corporation, "Family Services Program", brochure, 1996. For further information see, Leanne Kurtz, Research Memorandum to the Joint Oversight Committee on Children and Families, Legislative Services Division, June 23, 1996. Also, for more information from the Lost Arrow Corporation, contact Anita Garaway Furtaw, Director of Family Services, 805-667-4611.
9. Colorado Business Commission on Child Care Financing, Family Friendly Policies Resource Guide, AT&T and Bright Beginnings Child Care Subcommittee, June 1996. For more information contact the Colorado Children's Campaign, 303-839-1580.
10. Early Childhood Project, Dependent Care Assistance Options: A Guide for Montana Employers, Montana State University, 1989. For more information contact the Early Childhood Project at (406) 994-5005.
11. See Joint Oversight Committee on Children and Families (JOCCF), Minutes, Montana Legislative Services Division, September 16, 1996.
12. Based on 1990 U.S. Census data and data reported in the Child Care Resource and Referral Network 1994 Annual Report.
13. National Association for the Education of Young Children, "What are the benefits of high quality early childhood programs", pamphlet.
14. See JOCCF, Minutes, Montana Legislative Services Division, October 27, 1995, pp. 12-20. The minutes include extensive testimony and exhibits from Ms. Billie Warford (Early Childhood Project), Mr. Frank Kromkowski (Division of Child and Family Services, DPHHS), Ms. Barb Mahugh (Director, 4-C's Child Care in Butte), Ms. Jeanette Thomas (Director, Rocky Mountain Preschool, Helena), and Ms. Connie Goettle (single working mother with three children).
15. For more information, see Montana Legislative Audit Division, Child Care Certification & Monitoring, Performance Audit Report 95P-03, December 1995.
16. Gormley, Everybody's Children, pp. 25-32.
17. Ibid.

18. See Administrative Rules of Montana, Title 11, Chapter 14, for rules governing day care facilities.
19. See Section 11.14.226, ARM for training regulations for day care centers, see Section 11.14.301, ARM for training regulations for group home day care providers, and see Section 11.14.401 ARM for training regulations affecting family home day care providers.
20. See JOCCF, Minutes, May 10, 1996.
21. Ibid.
22. See JOCCF, Minutes, July 24, 1996.
23. See JOCCF, Minutes, May 10, 1996.
24. See Governor's Child Care Advisory Council, Minutes, March 1, 1996.
25. See JOCCF, Minutes, May 10, 1996.
26. Early Childhood Services Unit, Division of Child and Family Services, Montana Department of Public Health and Human Services.
27. See "Analysis of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996: Conference Agreement for H.R. 3734" prepared by the National Governor's Association, the National Conference for State Legislatures, and the American Public Welfare Association, revised August 9, 1996.
28. Telephone conversation with Patti Russ, Early Childhood Service Program Officer, Oct. 28, 1996.
29. See JOCCF, Minutes, September 16, 1996.
30. Institute of Medicine, "Summary: The Best Intentions", edited by Sarah S. Brown and Leon Eisenberg (National Academy Press: Washington D.C.)1995, pp. 1-7.
31. See JOCCF, Minutes, July 24, 1996, p.
32. Institute of Medicine, "The Best Intentions", summary booklet, Sarah S. Brown and Leon Eisenberg, Editors, (National Academy Press: Washington, D.C.) 1995, pp. 3-5.
33. Montana Office of Public Instruction, Montana Youth Risk Behavior Survey, 1995, Dodge Data Systems, Inc., Helena, Montana, p. 30.
34. Montana Department of Public Health and Human Services, Family and Maternal and Child Health Bureau, Helena, Montana, October 25, 1995, fact sheet presented to the JOCCF on October 26, 1995. See JOCCF, Minutes, October 26, 1995, Exhibit #10.
35. Ibid.
36. Montana Department of Public Health and Human Services, Memorandum dated October 16, 1996, from Suzanne Nybo, state Family Planning director, to Dr. Peter Blouke, DPHHS director.
37. See JOCCF, Minutes, October. 26, 1996, pp. 19-20.
38. See JOCCF, Minutes, October 26, 1995, Exhibit #11.

39. See JOCCF, Minutes, October 26, 1995, Exhibit #12.
40. JOCCF, Minutes, October 26, 1996, pp. 22-23.
41. See JOCCF, Minutes, October 26, 1995, Exhibit #14.
42. Ibid, Exhibit #15.
43. Ibid., Exhibit #16 and #17.
44. Ibid., p. 24.
45. JOCCF, Minutes, July 24, 1996.
46. JOCCF, Minutes, July 24, 1996.
47. Ibid.
48. See JOCCF, Minutes, July 24, 1996, Exhibit #3, staff report entitled "Legislative Options", memorandum from Cathy Kendall dated July 23, 1996, included with Issue #9.
49. Ibid.
50. Ibid.
51. See, JOCCF, Minutes, July 26, 1996, Exhibit
52. See JOCCF, Minutes, October 27, 1995, Exhibit #2.
53. JOCCF, Minutes, October 27, 1995, Exhibit #2.
54. See section 2-15-225, MCA.
55. Missoula County, *Beyond Violence: Towards a Healthy Community Project*, May 28, 1996, Office of Planning & Grants, Missoula County Courthouse, p. 6.
56. See JOCCF, Minutes, July 24, 1996.
57. See JOCCF, Minutes, September 16, 1996.
58. See JOCCF, Minutes, September 16, 1996, Exhibit ?.
59. "Report to the Governor and the Legislative Joint Appropriations Subcommittee of Health and Human Services regarding the Partnership to Strengthen Families Project", prepared by Mary A. Trankel, Ph.D., Kate Mrgudic, and Lucy Marose, (Trankel Research & Analysis: Missoula, MT) December 21, 1995, p. 3.
60. JOCCF, Minutes, September 16, 1996.
61. JOCCF, Minutes, September 16, 1996.
62. JOCCF, Minutes, September 16, 1996.
63. Ibid.
64. JOCCF, Minutes, January 25, 1995.

APPENDIX A:

COMMITTEE BILLS

APPENDIX B:

COMMITTEE LETTERS

APPENDIX C:

MEETING HISTORY

Meeting dates and major agenda items

August 24-25, 1995

- Study planning
- Review of relevant 1995 legislation

October 26-27, 1995

- Overview of welfare reform
- Mental health managed care
- Reorganization
- Panel on teenage pregnancy
- Panel on adolescent substance abuse
- Panel on child care

January 25-26, 1996

- FAIM reforms and block grant implications
- Mental health managed care
- Child support enforcement
- Child custody and visitation staff report and public hearing

May 9-10, 1996

- Staff child care report and analysis
- Head Start
- State permanency planning and adoption laws
- Program evaluation

June 20-21, 1996

- Montana Youth Alternatives Program
- Department of Corrections budget
- Court foster care
- State family planning activities
- ICC benchmarking, prevention coordinator, pilot project

July 24, 1996

- Development of preliminary recommendations
- Committee discussion of child care issues

September 16, 1996

- Development and adoption of final recommendations

184 7008shxa.